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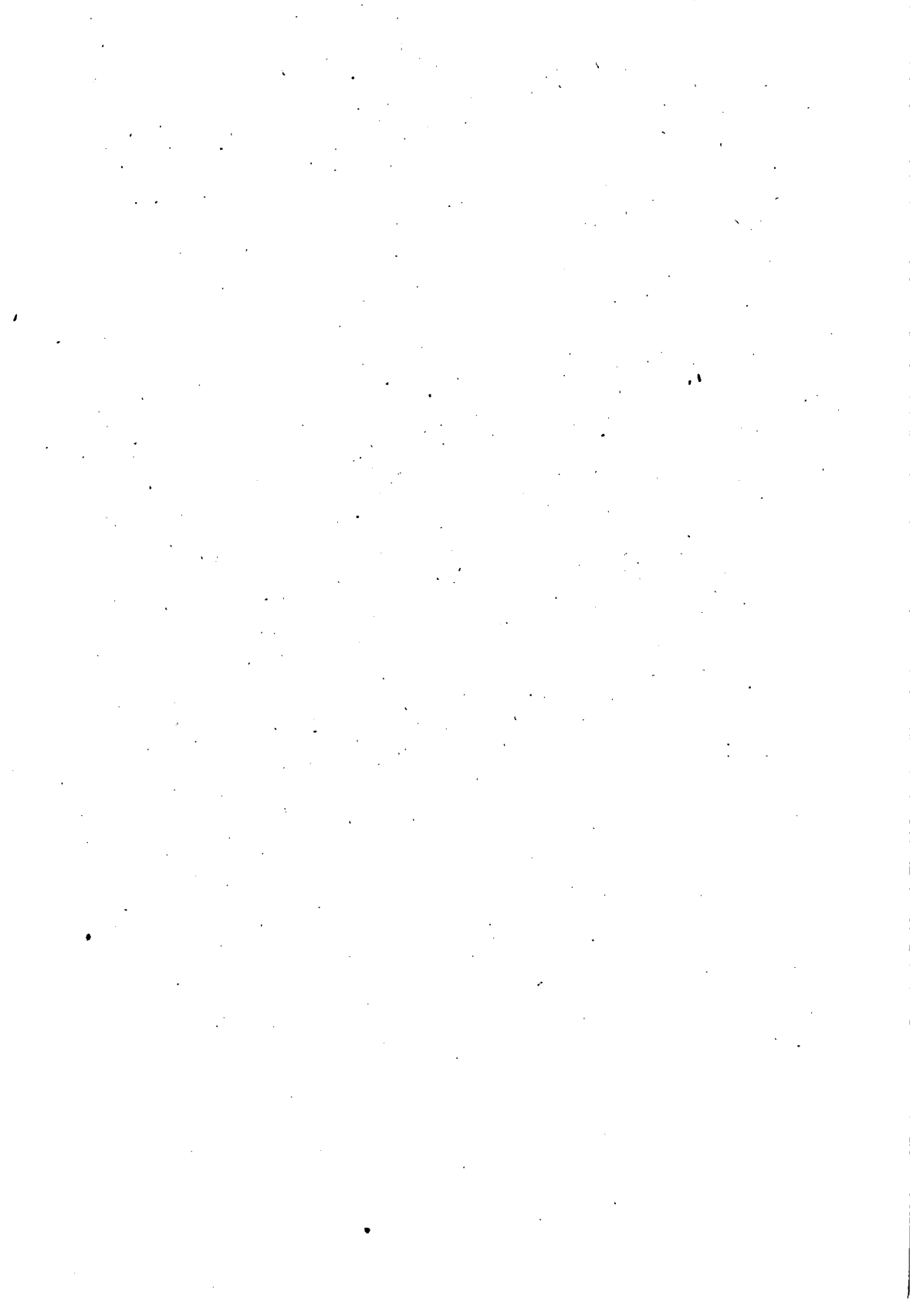
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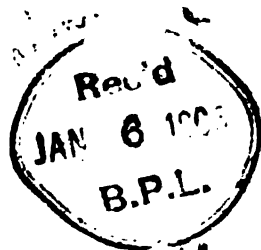






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*Assisted by the Faculty of the Eclectic Medical Institute*

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## Original Communications.

### LOBAR PNEUMONIA.\*

By Rolla L. Thomas, M. D., Cincinnati, O.

**General Symptoms.**—The period of incubation is usually of short duration, not over twenty-four or forty-eight hours, save in old people or delicate subjects, when it may last for three or four days. During this stage there may be catarrhal symptoms, with a short bronchial cough, oppression of the chest, and hurried respiration; headache and general malaise make up the list. Usually, however, the onset is quite sudden, being ushered in with a chill of *pronounced character*, lasting from thirty to sixty minutes. This may occur while the patient is at his work, or may awaken him in the night. So pronounced is the chill that it is characteristic of this affection, no other acute disease comparing with it; for this reason it is one of the earliest diagnostic symptoms.

In children, a convulsion may replace the chill, while in old people a sense of chilliness may replace the rigor. Febrile reaction follows, the temperature rapidly rising to  $104^{\circ}$  or  $105^{\circ}$  within the first twenty-four or forty-eight hours. The skin is hot, dry and constricted, the face flushed, especially the cheek of the affected side. The eyes are bright, pupils contracted, there is headache, and the patient is quite restless. The urine is scanty and highly colored, and the bowels are constipated, though occasionally diarrhoea is seen from the beginning. The tongue is dry and covered with a white, pasty coating; there is loss of appetite, and the patient experiences great thirst.

His position in bed is another characteristic feature, the patient lying upon the affected side; by this means the lung and pleura are held more quiet, and thus the acute pain is lessened.

After three or four days the patient assumes the dorsal position. A short, dry, hacking cough is one of the early symptoms, which is attended with but little expectoration. The breathing is short and rapid, expiration often being audible and accompanied

\* This is a reprint of a portion of the article on Lobar Pneumonia, from the forthcoming work on "The Eclectic Practice of Medicine," which will be issued in January.

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by a "grunt;" there is unusual expansion of the chest, and the *alæ nasi* dilate forcibly on inspiration. The pulse is full and bounding, save in the aged and those of feeble vitality. Herpes of the lips occurs more frequently in this than in any other disease.

**Special Symptoms.**—*Temperature.*—The temperature rises rapidly, reaching  $105^{\circ}$  or  $106^{\circ}$  within fifteen or twenty hours. Having reached the maximum height, it runs a uniform course for from five to seven or eight days, there being but from one-half to one degree difference between the evening and the morning temperature. This uniformity of temperature continues to the crisis, which takes place from the fifth to the tenth day, when it rapidly declines, frequently reaching the normal in eight or ten hours, and not infrequently becoming subnormal. In old people, drunkards, and delicate people, the temperature does not run so high, rarely exceeding  $103^{\circ}$ .

*Pain.*—Pain is a prominent symptom of most cases, the exception being where but a small portion of the interior portion of the lung is affected, or where the apex is the seat of the disease. The pain is sharp, lancinating, or throbbing in character, and usually in the region of the nipple. A full inspiration increases the pain; hence we find the patient grasping the side as if to prevent the motion of the lung, and the breathing is shallow. With the consolidation of the lung, the pain becomes much less severe, often disappearing entirely.

*Respiration.*—While the respiration is rapid in all fevers, in pneumonia it is characteristic, dyspnea being a marked feature.

Following the chill, the respiration is short and rapid, ranging from thirty to sixty in the adult, and from fifty to a hundred in the child. As the stage of engorgement passes to that of hepatisation the breathing becomes quite labored. When the cough is paroxysmal and when the expectoration is unusually viscid, the breathing is very distressing, the patient being propped up in bed, while he grasps some object to give greater freedom to the expiratory muscles. The face takes on an anxious expression, and the gravity of the case is evident to the merest tyro in medicine.

*Cough.*—Beginning with the invasion of the disease, a short, dry, hacking cough, attended by more or less pain, suggests a wrong of the respiratory apparatus, and by the third or fourth day it is characteristic, the patient using every effort to suppress

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the paroxysmal, frequent cough. In hard drinkers, or in feeble, aged patients, it may be much lighter and in some cases entirely absent.

*Expectoration.*—The expectoration is often delayed for two or three days, though a white, frothy mucus may be raised the first day. The mucus is foamy or filled with little bubbles, and is readily recognized as coming from the lung. Occasionally a hemorrhage is the first material to appear.

By the second or third day the sputum is characteristic; thick, viscid, and so tenacious that it runs together in the vessel, which may be inverted without discharging it. Occasionally this tenacious, gluey mucus is streaked with blood, though this more often occurs in bronchitis. By the fourth or fifth day the mucus has become opaque, and is intimately mixed with blood, giving it a rusty or orange color, and so characteristic is this sputum as to be pathognomonic.

In low grades of the disease, and sometimes in old people, the mucus may be of a watery character, and of a prune-juice color. The quantity varies—in some it is very scanty, while in others it is very profuse. As resolution takes place, the rusty color gives way to a yellow mucosity.

*Physical Signs.—Inspection.*—As before remarked, the patient will be found lying upon the affected side if one lung be affected, or on the back if both lungs are involved. The first few hours may not reveal to the eye the changes that are taking place; but, after twenty-four hours, inspection of the chest shows a restricted motion on the side involved, and increased expansion on the well side; and later, when complete consolidation has taken place, the expansive power entirely disappears. The frequency and difficulty of respiration and the dilation of the *alæ nasi* are not to be overlooked.

Mensuration will show an increase in volume on the affected side.

*Palpation.*—The tactile fremitus is increased over the congested area, while the absence of expansive power is very suggestive.

*Percussion.*—During the stage of engorgement, but little information will be gained on percussion, and if the inflammation be in the more central part of the lung, and but little of its cir-

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cumference be involved, the percussion note will be normal. As the exudate takes place, however, the dullness increases, and in the second stage is complete.

With the beginning of resolution the peculiar dead or flat note begins to disappear, resonance becoming more marked each day, till the exudate entirely disappears and the lung is restored to health.

FIGURE 19. LOBAR PNEUMONIA; 1. UNAFFECTED AREA (UPPER LOBE); 2. CONSOLIDATED AREA (MIDDLE LOBE); 3. RESOLVING AREA (LOWER LOBE); 4. HEART IN NORMAL POSITION. -(Anders.)

In some cases, restoration is not complete for weeks or months; and in some, never. Percussion gives us valuable information in these cases.

*Auscultation.*—In the early stage, the rhythmical respiratory murmur is replaced by a dry or sibilant rhonchus, which soon is replaced by the coarse crepitant rhonchus, this latter sound resembling the crackling noise of salt when thrown on the fire, this

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crackling becoming finer each day as the air cells and finer bronchi become filled with the exudate. The sounds now are fine, resembling the sound of hair rubbed between the fingers. When consolidation is complete, crepitation ceases, to be resumed as resolution takes place, the crepitant sounds being reversed; viz., the very fine crepitant sounds being followed by the coarser

FIGURE 20. ACUTE PNEUMONIC PHTHISIS, POSTERIOR VIEW; 1. CAVITY; 2 and 3. CONSOLIDATION; 4. INFILTRATION; THE WHITE SPOTS INDICATE RALES. (*Anders.*)

or loud crackling sound, and in time by the musical rhythmical murmur of health.

During the stage of red hepatization, when the crepitant rales disappear, we have tubular breathing, as heard in health over the larger bronchi. The sound of the voice is transmitted through the consolidated lung with peculiar intensity, and is termed bronchophony; and when a peculiar nasal sound is imparted, the term egophony is used.



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**Complications.—Pleurisy.**—The pleura is involved to some extent, in all cases of pneumonia where the surface of the lung is involved, and can hardly be called a complication; but where the pleura is early involved or takes precedence in the inflammatory process, it is termed pleuro-pneumonia. Occasionally we find pneumonia of one lung, and pleurisy on the opposite side. With this complication there is increased difficulty in breathing, the respiration being shallower and the pain more severe.

**Bronchitis.**—The inflammation often extends to the bronchi, and bronchitis is a frequent complication. Here the breathing becomes more difficult and the cough more harrassing; the sibilant rales, followed by the mucous rhonchus, determine the condition.

**Pericarditis.**—This is not a very frequent complication, though in children it is found more frequently than in the adult. It occurs more often when the left lung and pleura are involved. The history of rheumatism is of importance in these cases. The symptoms are, increased dyspnea, diminished heart sounds, and a feeble pulse.

**Endocarditis.**—This occurs more frequently than pericarditis, and like the latter is more apt to occur when the left lung and pleura are involved. If valvular troubles have previously existed, there is a greater tendency to this complication. The symptoms are obscure, even in severe cases, the conditions generally being discovered post-mortem.

**Meningitis** is a serious complication, though not very frequent. It occurs more frequently in children of an active nervous temperament. It will be recognized in the child by restlessness, rolling of the head, and starting in the sleep.

**Gastric Complications.**—These are recognized in two conditions,—one of irritation, and the other, atony. In the one, there is nausea and retching and tenderness over the epigastrium; the tongue is narrow and elongated, reddened at tip and edges. With this condition the inflammation is more active and the temperature higher.

Where there is atony, the tongue is full, broad, and heavily coated. The skin is not so dry and harsh, and the temperature does not run so high. Resolution is delayed, and there is a greater tendency to congestion of other organs.

**Jaundice** is not uncommon; when it occurs, all the symptoms are more intense.

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*Typhoid Pneumonia.*—While pneumonia is a frequent complication of typhoid fever, enteritis seldom occurs as a complication of pneumonia. In the rare case where it occurs the symptoms are as follows:

"A protracted chill; febrile reaction coming up slowly; the pulse frequent, soft, and fluent; heat of the surface not greater than natural; coldness of extremities; bowels easily acted upon or tendency to diarrhea; limpid, frothy urine; dirty coating of the tongue; and especially that dullness and indifference so characteristic of typhoid or typhus diseases. The inflammation in this case is ataxic; there is difficult breathing and cough, with watery expectoration.

"Physical examination gives us rapidly increasing dullness on percussion to a certain degree, at which point it remains, sometimes, during the entire progress of the disease; there is no crepitant rhonchus, and the mucous rhonchus sounds hollow and distinct. This condition is of variable duration, sometimes the disease is slow and protracted for weeks; at other times it is rapidly fatal." (Scudder.)

*Recurrence.*—There are few acute diseases in which there is a recurrence as often as in pneumonia. Each attack may be more severe, though this is not necessarily so.

*Diagnosis.*—The diagnosis is usually not difficult. The sudden and marked chill or rigor, lasting from thirty to sixty minutes; the high febrile reaction; the anxious expression on the face and the dusky red spot upon the cheek; the quick, shallow respiration; the short, dry, hacking cough; the sharp pain over the affected part; the sharp, crackling, crepitant rhonchus, followed by the fine crepitant rales; the dullness on percussion; the frothy sputum the first twenty-four or forty-eight hours, followed by rusty expectoration,—are symptoms that are so characteristic as to leave but little doubt, not only as to the disease, but also as to the degree and stage of the inflammation.

The doubtful case is found in old people, where the initial chill is either slight or entirely absent, and where the cough is slight or absent, and when the inflammation is deep-seated and but few physical signs are present.

*Prognosis.*—Although pneumonia is regarded as one of the most fatal of acute diseases, and, according to recent allopathic authorities, is progressively increasing, I am sure that a very large per cent should recover; that the mortality should not be

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over from three to five per cent. This may seem to be an extravagant statement to one who has practiced the treatment as advocated by the dominant school, but the record of Eclectic treatment in pneumonia will bear me out in the assertion. If seen early, the inflammatory process can be so modified that the severer types will be seldom seen, and an early convalescence assured.

**Treatment.**—If there is any one disease more than another that shows the superiority of Specific Medication over the old methods of treatment—and I might also add the present methods that are attended by a mortality of from twenty to forty per cent—it is pneumonia. The experience of the profession, for the last century or more, is that the more active or heroic the medication, the greater the mortality.

The expectant treatment, which is *no medication*, has yielded far better results than the old method of drugging, and while we would prefer that to the old, we believe that there is still a much better way.

Pneumonia is a typical inflammatory disease, and if we have remedies that will overcome these conditions, we certainly have remedies that are curative.

**General Management.**—Where possible the patient should be placed in a large, sunny, and well-ventilated room. Plenty of fresh air must be admitted, though all draughts of air should be avoided. The temperature should be uniform, and not over 68° or 70°. The patient should have a loose woolen night-dress, and only sufficient covering to keep him comfortable. The care of the bed and secretions must be as scrupulous as in typhoid. Only one attendant should be with the patient.

**Diet.**—The diet should be liquid and consist of milk in some form or broths, and given at regular intervals. A good table water may be used freely.

**Medication.**—Wrongs of the circulation occupy the first place in many cases, but not in all. In some, wrongs of the blood itself precede all others; while in another class, wrongs of the nervous system take precedence. Such being the case, conditions have to be met and overcome before we can effect a cure, and it is this prescribing for definite conditions that brings about success.

If we keep well in mind the pathology of the different stages of this disease, we are not apt to become confused or go far

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wrong in the treatment. Thus, in the first stage, there is usually an active condition of the circulation; the heart beats rapidly, the pulse being *full, strong, and bounding*; the capillaries become *full* and distended, giving us the stage of engorgement. If we are to relieve this engorged condition, we *must* slow the heart and circulation, and I know of no remedy that will accomplish this end with such happy results as veratrum, if used skillfully. It does not depress and weaken the heart like the coal-tar products, but acts kindly, slows the pulse, reduces the temperature, and relieves the obstructed venous capillaries. Its action is uniform and easily controlled, even in the large dose.

*Aconite* is the remedy where the heart's action is rapid, but the pulse is small but *hard* and *wiry*. It is generally prescribed in the *sthenia* of children, while veratrum acts better in the adult. Should the heart be weak, as shown by a small, *feeble* pulse, aconite must not be given, save in the very small dose.

*Pilocarpus* or *jaborandi* acts kindly, where there is high temperature, great excitement of the nervous system, and a dry, hot skin.

With these remedies as our sedatives, we have the foundation for a successful treatment, for they not only relieve engorgement in the early stage, but materially assist in the removal of the exudates that follow, and, where carefully used, the second and third stages are so modified as to furnish but little need for alarm.

The indication for the remedies that have been so successfully used in pneumonia is as follows:

*Veratrum*.—One of the characteristic symptoms of the majority of pneumonia patients is a *full, free, bounding* pulse; in other words, there is an excess of heart power. Now, if we have a remedy that can reduce the force and frequency of the pulse, *without reducing* at the same time the vitality or resisting power, we have a remedy for this condition. Experience proves that we have such a remedy in veratrum. Our prescription, then, for this active, sthenic condition, as marked by the *full, bounding* pulse, will be this agent, and we will administer it as follows:

|   |                          |         |
|---|--------------------------|---------|
| ℞ | Veratrum .....           | ℥ss.    |
|   | Sulphate of Morphia..... | gr. i.  |
|   | Aqua .....               | ℥iv. M. |

Sig. Teaspoonful every one, two, or three hours as the symptoms indicate.

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• The morphia used is to counteract the nauseating effects that sometimes follow the use of veratrum.

*Jaborandi*.—This is the remedy so highly extolled by some Eclectics, where the temperature is high, there is great excitement of the nervous system, and where the *skin* is *hot* and *dry*:

℞ Specific Jaborandi.....ʒi.  
Aqua .....ʒiv. M.  
Sig. Teaspoonful every hour.

*Aconite*.—While the average pneumonia patient has a *full, strong, bounding* pulse, there are cases where just the opposite condition exists; the pulse is *small* and *frequent* and shows a defect in the heart's action, *debility*; the heart beats rapidly to make up for want of power. We find this pulse in children and patients of delicate constitution, and frequently in old people. The heart needs a stimulant or tonic; in such cases the *small* dose of aconite slows the pulse and increases the tone of the heart by overcoming irritation and quieting the nervous system. Aconite in the *small* dose is not a depressant. The prescription here will be:

℞ Aconite .....gtt. v.  
Water .....ʒiv. M.  
Sig. Teaspoonful every hour.

Given in this way the heart is not depressed, nor the vitality of the patient impaired. In the place of adding to the load the patient has to carry, we have relieved him of a part of his burden.

These *three* remedies form the foundation upon which we will build a successful treatment.

*Bryonia*.—This agent has been found of great value in diseases of the chest of an acute nature. When the pulse is hard and vibratile, and when the pain is sharp and lancinating, with flushing of the cheek, and there is a hard, harassing cough, bryonia will be the remedy to give relief. It also favors absorption of the exudate. If the pleura be involved, it is an additional reason for its use. It combines nicely either with aconite or veratrum, and can be dispensed with the sedative, or it may be used separately, alternating each hour with the sedative. It should be given in the small dose, not over five or ten drops in half a glass of water.

*Asclepias*.—This is another excellent remedy in diseases of

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the respiratory apparatus, and occupies an important place in the treatment of pneumonia. It acts upon the sudoriferous glands, overcomes the dryness of the skin, relieves the tight, hard cough, modifies the sharp pain, and hastens absorption. It also takes the *edge* off the *sharp* pulse, adds tone to the heart, and quiets the nervous system. To get the best effects, give from five to ten drops in hot water every one, two, or three hours. It is especially useful in infantile pneumonia with high fever and dry skin.

*Ipecac.*—Ipecac, if given in small doses, is one of our best remedies in overcoming irritation of the mucous surfaces; and in children, where there is an irritating cough and the child is unable to obtain rest, the small dose, say five to ten drops in half a glass of water, will be found of great value.

*Lobelia.*—I would hardly know how to treat infantile pneumonia without the small dose of this old but valuable remedy. In those cases where the finer bronchioles become choked with the exudate, and the child's breathing is labored, and there is a mucous rattle, I know of no other agent that can take its place. In the adult, there is labored respiration, a sense of fullness and weight and oppression about the heart, while the pulse is oppressed or small and feeble. There is increased secretion of mucus in the respiratory passages, but the patient seems unable to remove it. In these cases lobelia, five to ten drops, in water four ounces, will give the best results.

If the patient is seen early, few cases will need any other than the above-named remedies, and the mortality will be very low.

**Occasional Remedies.**—*Macrotys.*—When the patient complains of muscular soreness, or where there is a tendency to rheumatism, macrotys will prove an excellent agent, ten to twenty drops, in water four ounces, a teaspoonful every hour.

*Sanguinaria.*—This is a good remedy where there is a tickling sensation in the throat, resulting in an almost constant paroxysm of coughing. I like the action of nitrate of sanguinaria here better than that of the tincture and give,

℞ Sanguinaria .....gr. ¼.

Aqua

Simple Syrup.....aa ʒii. M.

Sig. Teaspoonful every hour.

*Phosphorus.*—Where the pulse is small, the skin cool, and temperature subnormal, this is a good remedy to start up the

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fires and give the patient a chance for his life. Very rusty sputum is also an indication for this agent.

*Sticta Pulmonaria*.—Where the patient has a hard, racking cough, with pain in the occiput and between the shoulders, we should not forget this remedy; ten to thirty drops, to water four ounces, a teaspoonful every hour.

**Complications.**—*Gastro-Intestinal*.—In some cases there is great irritation of the stomach and bowels; so much so that neither food nor medicine is retained. The tongue is red at the tip and edges, and it is narrow and elongated; there is nausea and vomiting and retching, tenderness on pressure over the epigastrium, and frequently diarrhea. Respiration is shallow and painful; skin dry, and constricted. Fortunately the remedies to give relief to this irritable condition are also useful for the primary lesion—aconite and ipecac, with a sinapism over the epigastrium. If the nausea persists, bismuth in mint-water will be useful. Small bits of ice may be held in the mouth, thus allaying the thirst and quieting the nausea.

In place of this condition there may be atony; in either case, absorption of food and remedies is prevented. Here the tongue is broad and pallid, with paleness of the mucous membranes, or there may be a heavy, pasty coating upon the tongue. The temperature is not so high as in the former case, nor the cough so continuous or harassing.

*Nux Vomica*.—If the tongue be broad and pale, with pallidity of the mucous surfaces, five to ten drops of nux, in water four ounces, a teaspoonful every hour, will be good medication.

*Podophyllin*.—If the tongue be broad and full, with a dirty, yellow coating, and a sense of fullness of the abdomen, and if there is a dirty, yellow, doughy skin, the bowels sluggish, the respiration oppressed, the superficial veins full and prominent, podophyllin will do good service. It may be given in one-half-grain doses every two, three, or four hours, till the bowels open and the tongue cleans, or we may use the second trituration, three to five grains, in the same way.

*Antiseptics*.—During some epidemics, there seems to be a tendency to sepsis, and the symptoms are of the typhoid type. The principal remedies in these cases are the antiseptics.

*Sulphite of Sodium*.—Where the tongue is moist, with a nasty,

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dirty coating, a saturated solution of sulphite of sodium in table-spoonful doses every three hours, is a most excellent remedy.

*Chlorate of Potassium.*—Where the tongue has a moist, yellow, pasty coating, with a fetid breath, a saturated solution of potassium chlorate and phosphate of hydrastin, will be the best remedy.

*Acids.*—If the tongue be dry and grown, with redness of the mucous membranes, then hydrochloric acid, C. P. gtt. x to xx, to water and syrup, aa, two ounces, will replace the alkalies.

*Echinacea.*—When the tongue is full and of a dusky hue, and the tissues of the same dusky color, echinacea from one to two drams, to water four ounces, a teaspoonful every hour, gives good results.

*Baptisia.*—The tissues appear as though frozen, are full and dusky; the tongue is full and purplish in character, while the expectoration is dark, thin, and of a prune-juice order; there is diarrhea of an offensive character,—with these conditions, baptisia becomes a prominent agent: ten to thirty drops of the tincture, to water four ounces, a teaspoonful every hour.

*W'rongs of the Nervous System.*—Irritation of the nervous system, with a tendency to meningitis, will give us the flushed face, bright eyes, and contracted pupils; the patient is restless, uneasy, and wakeful; the temperature is high. To the appropriate sedative we add ten to thirty drops of gelsemium, and give a teaspoonful every hour.

*Rhus Tox.*—Where there is irritation of the cerebro-spinal centers—as will be shown by the sharp stroke of the pulse, the restless, irritable condition, the sudden starting in the sleep, the contracted and pinched features—*rhus tox.* will be our most valuable remedy; five to ten drops, in water four ounces, to which has been added aconite five drops; a teaspoonful every hour.

*Belladonna.*—There is not infrequently marked capillary congestion. The pulse is obstructed and feeble, the face is flushed and dusky, the extremities are cool, the eyes dull, and the pupils dilated, where the patient is inclined to doze or sleep most of the time. With these evidences of general congestion, we give belladonna gtt. x, to water four ounces, a teaspoonful every hour.

*Quinia.*—If periodicity is a marked feature and the tongue is moist, quinia and hydrastin will prove beneficial.



**STRYCHNIA.**—Where there is a feeble pulse, with tendency to heart-failure, strychnia, one-thirtieth grain every four or five hours, is demanded.

*Local Applications.*—It will be difficult to convince some of the older practitioners that a pneumonia patient will do as well, if not better, with a light flannel bandage over the chest, than the mush-jacket or the old hop-poultice. I am sure that many patients have been harmed by the improper application of the poultice. Where they are allowed to grow cold, there is great danger of chilling the patient. If they *must* be used, always have *two* poultices made, and while one is on the patient, the other may be in a steamer on the stove, and as soon as one *begins* to get cold, have the hot one at the bedside, so that it may immediately be placed upon the chest as the other is removed.

A better plan, however, is to spread a flannel or cotton cloth, with lard and dust emetic powder, over the surface, and, after heating this, envelope the chest; or if but one lung be involved, cover the affected side. Where the skin is very tender, this powder sets up too great an irritation, and we resort to other measures.

Libradol spread upon a cloth, and applied hot, will give good results. It should be renewed night and morning. These latter applications are light, do not oppress the patient, are easily applied, and there is no danger of taking cold while changing them.

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#### ROLLA L. THOMAS, M. S., M. D.

Among any given local group of doctors we are certain to discover the typical physician — one who is carefully educated, scholarly in his tastes, alike upright in deportment and in his dealings with his fellow men; fearless, ever ready, genial, sympathetic, kind, and above all a gentleman and a Christian. He is instinctively looked up to as a leader of men, and when an occasion of great moment arises he is depended upon to bear a full share of the burden. If he resides near an institution of medical learning, he is sure to occupy a leading place on its staff of teachers, and in this capacity his worth is always revealed and his influence far-reaching. Cincinnati and the Eclectic Medical Institute possesses this high type of the gentlemanly and Christian physician in Dr. Rolla L. Thomas, whose portrait appears on the following page.

Rolla L. Thomas, M.S., M.D., was born August 17, 1857, at Harrison, Hamilton County, Ohio. His father, Dr. Milton L. Thomas, was a physician long honored in Southern Ohio, a graduate of the Louisville Medical College (regular) in 1854, and subsequently of the Eclectic Medical Institute in 1857. Moreover, he was the preceptor of both his son and Professor John Milton Scudder, M.D. The mother was Susan

J. (Rybolt) Thomas. Up to 1874, Dr. R. L. Thomas attended the common and the high schools of his native town; he then entered Asbury, now DePauw, University, at Greencastle, Indiana. After four years spent in that institution, he graduated in 1878. In 1881 he received the added degree of M.S. In the autumn of 1878 he matriculated in the Eclectic Medical Institute at Cincinnati, graduating therefrom in June, 1880. One month later (July 1) he married Miss Sallie B. Cook, and

ROLLA L. THOMAS, M. D.

settled for practice in Harrison, where he remained until 1887, when he was elected to the chair of Adjunct Professor of the Principles and Practice of Medicine in his Alma Mater, doing the bulk of the work of Professor Scudder, who was then in ill health. Upon the death of the latter he was given the full professorship by a unanimous vote of the trustees, which place in reality he had filled for seven years. In this

department he has been signally successful as a teacher. Since the death of Professor F. J. Locke in 1903, Professor Thomas has acceptably served as Dean of the Faculty of the Eclectic Medical Institute. During 1903-4 he was President of the National Eclectic Medical Association, and at St. Louis, Missouri, presided with signal ability and grace over the largest body of Eclectics ever gathered in national convocation. Dr. Thomas is a member of the Methodist Episcopal Church, of the Knights of Pythias, of the Cincinnati, Ohio, and National Eclectic Medical Associations, an honorary member of several State societies, and consulting physician to the Seton Hospital. He devotes himself most largely to general and obstetrical practice, in both of which he occupies a high rank. As a physician he is exceptionally well read, a good and careful diagnostican, and a strong advocate and practitioner of specific medication. As a teacher, he gives universal satisfaction, and has done much to present and maintain the claims and dignity of Eclectic medicine. Dr. Thomas has now in press *An Eclectic Practice of Medicine*, a book that, judging from the advance sheets, will give general satisfaction as a high-grade treatise, concerning which we shall speak fully in a future article.

Dr. Thomas is of medium stature and quite solid proportions, has sandy hair with the usual accompanying ruddy complexion, blue eyes, and is of distinguished bearing. As an orator he is much in demand on special occasions, and as an after-dinner speaker he is graceful, eloquent, and always pleasing. His views upon religion are decided and rational, and he is a strong advocate of the prohibition of intoxicating liquors. He is active in religious and Sunday-school work, having served for many years as superintendent of the Sunday-school in connection with the Walnut Hills Methodist Church. Of no man known to us can we more consistently say that his every act is in perfect accord with his Christian professions.—*Editorial, Medical Gleaner.*

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### THE SINGLE REMEDY.

By J. S. Niederkorn, M. D., Versailles, O.

In Scudder's *Specific Medication* we read: "It is best to employ remedies singly, or in simple combination of remedies acting in the same way. The reasons for this rule are obvious. It prevents random or scattering prescriptions. We either know a *single* remedy that will accomplish the object, or we know nothing and have no right to make a prescription. There can not be anything in a combination that is not in the individual articles composing it, and in some one of them *par excellence*; this is the remedy to use. In direct medication we want no modifying influences; we want the plain and constant action of a simple remedy."

This strikes me as being a very straight talk, and coming, as it does, from our old teacher, we would expect such "straight-from-the-shoulder shot" to carry with it its weight and influence. In my opinion, we are still justifiable in proclaiming the use of the single remedy in the treatment of diseased conditions. Why not! Not only proclaim its use, but actually use it. My own experience in medicine has been that to follow just such advice as is given in the opening chapter of this article is not only exceedingly pleasant, but it is also the correct thing to do. I have always advocated the use of the single remedy wherever and whenever it was practicable to do it, and really, now, I can not say that I regret it, because I am still of the opinion that the administration of the single remedy is the correct way of prescribing for a specific or direct effect. There is something so definite about it that, really, one wonders where the necessity can be of combining several remedies to overcome existing conditions. Many cases of la grippe have I successfully managed with Bryonia alone, or Gelsemium alone, or with Rhus tox., Macrotys, Eupatorium, etc. To the best of my recollection, my last case of la grippe was a "stunner"—for the single remedy. That thick, broad, pale, dirty tongue of the patient was there so much that his aches and pains were temporarily forgotten in my anxiety to get to my Sulphite of Soda vial. Fifteen grains of Sulphite of Soda was given every two hours, and when after twenty-four hours relief and improvement were so marked, the desire to continue the use of that drug *alone* was so strong that resistance was impossible. Sulphite of Soda was the only medicine given, and speedy recovery was the natural result. Sulphite of Soda might not be considered a *simple* remedy, but it is always spoken of as a *remedy*, as much so as any other chemical. If the effects of a compound and of the single remedy are equally as direct and specific, then the single remedy should have the preference, because there would be the element of accuracy and definiteness of intent without any complementary agents. If a single remedy will do what a compound will, then what's the use for a compound? If a single remedy will do what we want it to do, why even think of giving a compound? What do we mean by a *single* remedy and by a *simple* remedy? That is simply quibbling with a technicality, and is used only for confusion. I believe in medicine we usually speak of one or the other, practically always intending to convey the idea that either term will define our intent. Simple remedies perhaps we have none, taking the term at its usual significance, though the prescribing of a single remedy would certainly seem to be a simple prescription. Water, then, would not be a simple natural product, accepting the chemist's analysis as correct. Who ever heard it spoken of as a compound! Chlorate of

Potassium, Nitrite of Amyl, Sulphate Quinine, Salicylate Sodium, Sulphocarbolate Sodium, Nitroglycerin, Sulphate Magnesium, Potassium Acetate — all are chemical compounds, still are considered as single remedies. Chemical compounds differ from pharmaceutical compounds; pharmaceutical compounds may contain two or more chemical compounds. The prescribing of pharmaceutical conglomerates as if they were compounds is what leads to guesswork. There *are* a number of pharmaceutical compounds that have earned a fixed place in therapy; but against one of these good ones can be shown ten that are merely stuff mixtures, have no definite purpose, and are made to sell. For a medical man to "stock up" on Compound Syrups, Compound Tinctures, Elixir Compounds, Compound Tablets, and dispense these regularly, is convincing that he is not familiar with direct drug action, has no confidence in medicine or with himself, has no right to expect definite results, or to be called a man of science. Practicing medicine in this manner is one of the principle reasons why physicians, otherwise pretty well qualified, lose the confidence of their patients and fail to accomplish anything for the relief of many diseased conditions.

For a physician to be always certain that he has selected the proper remedy for the relief of his patient is perhaps an impossibility, but no one can expect to attain certainty if he persists in adopting mixtures and combinations as his weapons with which to combat diseased conditions. Good, careful prescribers sometimes are undecided which remedy to select for the patient at hand; this indecision is what places a fellow on the alert, and the consideration he gives to his patient and his remedy in an instance of this kind will be the means of better qualifying himself in therapeutics and directly lead to positive medication. I do not believe the man lives who can *always* see his way clear to prescribe but one, single remedy, and expect to successfully overcome pathological features with that remedy alone; but I do believe that it is more often possible to happily terminate conditions of disease with a single remedy than we are now perhaps aware of. My intent is that we too often are inclined to hypermedication, and by hypermedication in this instance I mean that too many remedies are administered at one and the same time. This inclination of combining remedies is too prevalent even among Eclectics, and there is no reason why that should be so. There is no serious objection to the adding of two remedies to the half glass of water, provided that the two are selected specifically; still, the very fact that we are combining our remedies, simple as the combination might be, admits the possibility of uncertainty, even though the one remedy is intended as an auxiliary to the other. If there is anything we should be certain of, it is the knowledge of the distinct action of our remedy and of the pathological wrong.

It is said that "experiences differ." If one would judge from the related experiences of medical men, the maxim would stand as an undisputed fact. Adding two (or more) remedies to a half glass of water is a common practice among practitioners whose medical ability far exceeds my own, and who are diligent and given to studying their cases, and who do their own thinking. Bryonia and Gelsemium are an example. Both remedies are selected because the specific indication for each is considered to exist — the conditions calling for both are strongly in evidence. Cases in which both remedies are seemingly indicated are of frequent occurrence, and with us both are prescribed, but always in alternation. I assume the position in medicine that no man *knows* just what he is giving when he combines two or more remedies in the same solution; chemical compounds can be formed not only by the addition of two remedies to water, but even by one. Up in this section we have much of what is commonly called "Sulphur Water." If, for instance, ten drops of Ipecac are added to a half tumbler of this water, the solution will first be a yellowish-red color; within a minute or two the color will change to a muddy black. If, however, this water is first boiled and then the Ipecac added, the solution will retain a clear yellowish-red color, even clearer than in the first instance. Macrotys and some more of our remedies will show this change of color. Now, with me it has not been so much the question of what kind of chemical change is taking place in that solution as it is whether or not I am giving Ipecac to my patient, and can expect the effect of my remedy, as I have a right to expect under ordinary conditions. Add any one remedy to water, and then add most any other remedy to this same solution; in almost every instance change of color is effected almost immediately, and oftentimes later on this color again changes. (Lloyd's Specific Medicines are the preparations I use.) Usually one drug added to water will change the color of the water; another drug added, and there is another change in color. What interests the therapist is more than to know that the color imparted to a solution is due to the freeing of the coloring matter by a solvent; it is to know whether or not these changes of color are not often due to chemical changes and effect the therapeutic value of our remedies — whether or not there is a chemical change effected by the combining of the remedies even in this simple manner; and if a chemical change does occur, whether or not we are giving our patient a different remedy than we first intended, and different from that had we given them singly or in alternation — whether or not the resulting formation due to combining the several remedies will give desired result, and if it does, where are we at! as specific therapists? Is not our *Materia Medica* superior to any, and should we not be as certain of our

remedies as, say, the thoroughbred homeopathist, who never prescribes two remedies at the same time, and if he does, he gives them in alternation? Are we going to permit it to be said that he knows his remedies better than we do ours? If we have any one thing deserving our feeling or pride, it is our list of therapeutic agents; and before we should attempt to make use of any one of them and assume the attitude of scientific prescribers, we should not only be thoroughly conversant with our remedies, but also be in position to be able to recognize the pathological wrong likely to be corrected by the employment of the particular remedy. A thorough drug-action familiarity will dispense with the necessity of employing combination of remedies; and when that time comes we will then see our present errors. Too many drugs, too much drug, hypermedication, will not bring us to the zenith of our desires or to the pinnacle of exactness. Were it possible at all times to discover the primary source or cause of the ailments of our patients, it would perhaps be possible to very much simplify our business, and would prove a boon to those medical men who never take the time to go into the merits of their case, and who conclude their treatment by superficial examinations and the patient's opinion; but thereby hangs the tale.

Specific Medication implies Specific Diagnosis; both form the basic principles upon which the system of direct medication depends. Specific Diagnosis is "the study which will show us the relation between symptoms of disease and the curative action of drugs; it is a study of the prominent expressions of disease with reference to the administration of remedies. Expressions of disease are uniform and always have the same meaning"; our acquaintance with health should be such that we can readily be able to recognize any departure from the normal, and our familiarity with drugs should be that we can readily be in position to associate the remedy to the abnormal condition, and, of course, success along this line will depend upon the physician's acuteness of observation. To be able to remove the cause, the primary cause, is certainly not always so easy, even though we know the cause. Green apples will often directly cause trouble, and likely, when the doctor sees the patient, the apples have made their exit; but, then, the doctor has to do with the effect of the cause, and this might be a severe abdominal pain, a painful diarrhoea or an active inflammation. A pallid, broad, dirty tongue means hyperacidity of the body fluids and sepsis filth; Sulphite of Soda alone will bring about a more pleasant condition. What produced the condition for which we gave Sulphite of Soda? Who will say that he can always tell? Most every physician has met with cases of hepatic affections with dyspeptic conditions, where the tongue was

abnormally red and had a violet hue, and which conditions he successfully removed by the administration of Nitric Acid. Who would propose that the cause of that condition is easily determined?

"Back up" your remedy with an auxiliary if you wish, but I prefer to give my remedies in separate doses. Given a case of a child suddenly taken ill, temperature 103°, abdomen full and distended, face flushed, eyes bright, is very excitable. Gelsemium? If you wish, but I should first give a full dose of Castor Oil and let him be bathed with hot water; later on, *maybe*, give Gelsemium. The fact is that very often a single remedy, used to correct what is considered a prominent indication or characteristic feature, will directly or indirectly relieve a whole series of symptoms, and do it without the aid of any complementary agent. Such combinations as Aconite and Ipecac, Gelsemium and Macrotys, Bryonia and Gelsemium, Nux and Leptandra, Gelsemium and Viburnum, and others, are frequently prescribed by all of us. We feel they are indicated, and that one remedy will be a valuable adjunct to the other, and that both will do what either one of them would perhaps not do. Personally, I have always felt that could we be reasonably certain of just what each and every manifestation of diseased condition implied,—understood the significance of every symptom and to what extent one affected or depended upon the other, and could at the same time be thoroughly conversant with our remedies and their scope of action,—we would certainly more often prescribe fewer remedies than we now do. I suppose we will continue to more or less combine our remedies until such time when a systematic study shall have proven the uselessness of such method; might we not just as well begin right now and clear up that of which we are in doubt, and establish beyond a doubt such positiveness in therapeutics as will prove a positive barrier to combination prescriptions! We do have some elegant rational compounds, but they are few in comparison to the number of compounds formerly used, and few in comparison to the number of pharmaceutical compounds now obtainable. The simple combination of single remedies *can* have its objectionable features, in my estimation, but the employment of the already-put-up combinations is everything but what it should be to the careful and progressive physician. Give the single remedy a chance, and let us see whether it is or is not possible to develop the niceties of therapeutics.

A married lady, aged thirty-two, came for advice and treatment, stating she had been under treatment from five physicians for a period extending over two years, and had derived positively no benefit. Her condition had been diagnosticated as dilatation of the stomach, latent appendicitis, endometritis, ovarian neuralgia, and pyo-salpinx. Her



chief complaint was uneasy sensations in abdomen, not reaching the point of acute pains, but little pains of an annoying character, and chiefly centering about the umbilicus. During all of this time whilst she was under treatment she had a slight elevation of temperature. My examination was as thorough as I knew how to make it, with the result that I was unable to come to any definite conclusion as to the real cause and nature of her complaint, though I ventured the opinion that the trouble was appendicular. She insisted that I should prescribe, and this is what was done. My first prescription was a placebo. At the end of a week gave Lloyd's Echafolta in twenty-drop doses every three hours, and continued this three weeks. Temperature then being normal, I prescribed Spec. Med. Nux in one-third drop doses every two hours, which was continued two weeks, with the result of completely removing every unpleasant symptom, and up to this time, over a year since, there has been no return of her trouble. Where and what the basic lesion was would certainly be a matter of opinion.

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### THE MEDICAL TREATMENT OF NEPHRITIS.\*

By J. D. Dodge, M. D., Collinwood, O.

This disease has been divided into acute and chronic, and the latter into chronic parenchymatous and chronic interstitial nephritis.

It is generally agreed, I believe, that chronic Bright's disease, either in the parenchymatous or interstitial form, of more than a year's duration, is practically incurable. Medicine can only then be palliative, but as such may do great good. Our cures will be mainly of the acute cases.

The most important thing to do is to increase the action of the skin and bowels, so as to not only give the kidneys rest, but to eliminate by those channels the excretions which naturally pass off by way of the kidneys.

To accomplish this, the hot-air or vapor bath is the most important means to stimulate diaphoresis, and apocynum, or a saline hydragogue cathartic, is the best medicine for the bowels. I have successfully used the Robinson Thermal Bath Cabinet, and like it very much. The same company (Toledo) makes a reclining cabinet, which can be used for patients who are too weak to sit up. Lloyd's Specific Apocynum is my favorite cathartic in these cases, and it usually overcomes the dropsical symptoms. If the saline cathartic is used, it may be Sulphate of Magnesia for adults and Fluid Magnesia for children. The new combination of mineral water salts, known as Sal Laxa, which is effervescent,

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\* Read before the North-Eastern Ohio Eclectic Medical Association.

may do as well, and tastes much better. These are best given on an empty stomach, with plenty of water, which aids their action, and is also one of our best diuretics.

Chills ushering in nephritis are also nicely overcome by the hot-air bath. It is best to avoid the use of diuretics in the first stage of the disease. Keep the patient at rest. Let there be as little waste of bodily tissues and energies as possible. Woolen blankets should be used to insure warmth, and thin cotton flannel is advised for the garments worn next to the skin.

The hot-water bath is a good treatment when the hot air is not available. Continue it fifteen or twenty minutes, and then wrap the patient in blankets. Bottles of hot water or hot bricks wrapped in flannel may be placed about the patient to still further favor diaphoresis. The next best thing is the wet pack, which is very useful to arouse the action of the skin. Wring a blanket out of hot water, wrap the patient in it, cover with dry blankets, and then with a rubber cloth, if one is at hand. The hot-water bottles or hot bricks may here also be used, if necessary. Continue one hour, and repeat daily.

Jaborandi and Pilocarpine are our most powerful medicinal diaphoretics. The latter is best given hypodermically, one-tenth to one-eighth grain for an adult, and one-twentieth to one-twelfth, or even one-eighth, to children from two to ten years of age.

Elaterium is a hydragogue cathartic depended upon by many for its depurant action in this disease. Professors King and Scudder used it in chronic cases. For the uraemic convulsions which sometimes occur, the hot bath at 100° and Chloroform are the best temporary antispasmodics. They may be supplemented with Pilocarpine, Gelsemium, Lobelia, Bromide of Potassium, or Chloral.

Opium should be avoided in uraemia.

Alcohol is always objectionable in nephritis, as it often causes the disease, and does not work by the law of *Similia similibus curantur* in its cure.

Hair-cap moss is an excellent hydragogue diuretic, and may be used when there is much irritation. A good diuretic is made by adding a drachm of Bitartrate of Potassium to a pint of boiling water, to which may be added the juice of one-half of a lemon and a little sugar. Drink it when cold. This is a diluent drink to flush the kidneys and wash away debris. If the urine is excessively acid, producing great irritation or burning, use Bicarbonate of Soda. For continued irritation, Benzoate of Lithia, one grain three or four times a day, is said to be useful.

Stimulating or irritating diuretics should, as a rule, be avoided. They bear the same relation to inflammation of the kidneys that cathartics do to inflammation of the bowels.

According to Dr. Danforth, of Chicago, as set forth in Starr's *American Text-Book of Diseases of Children*, "The fibrinous casts which occlude the renal tubes are soluble in the alkaline salts of potassium." For this purpose ten-grain doses of Citrate of Potassium in one-half glass of water or lemonade every three hours is advised by him. "Potassium salts," he says, "increase elimination of the factors of the urine, especially urea. They remove from the occluded tubes the plugs of fibrin and other material. The Citrate or Acetate of Potassium may be continued until the albumen has disappeared from the urine." Digitalis and Strophanthus may be used as diuretics when the arterial tension is low. If there be dilatation of the heart, Digitalis, Strophanthus and Strychnine are to be considered.

Anaemia is a common result of nephritis, and is due to loss of blood and albumen, and also body waste attending the fever, together with diminished assimilative power. It is important that it be arrested before it produces the "run-away heart," with its common sequence, valvular disease. Iron is used for anaemia after the initial symptoms have passed away. For adults the Perchloride; for children, Syrup of the Iodide or Phosphate of Iron are thought to be best. A good medicine, which I depend upon, is the liquor Acetate of Ammonia, or Spirits of Mindererus with Iron.

Take Tinct. Ferri Chlorid.; Acid Acetis Dil. aaf  $\frac{3}{4}$  i.; Liq. Ammonii Acetat. f  $\frac{3}{4}$  vi.; Aquae q.s. ad f  $\frac{3}{4}$  iv. M. Sig: Give from one teaspoonful to a tablespoonful three or four times a day.

When the urine is scanty and the sediment abundant, Dr. Danforth, already quoted, uses the following:

Take saturated solution Potassi Citratis; Mist. Ferri et Ammonii Acetat. aaf  $\frac{3}{4}$  i.; Glycerine f  $\frac{3}{4}$  i.; Aquae q.s. aet f  $\frac{3}{4}$  iv. M. Sig: Give a dessert spoonful every three hours in water.

Hot mustard footbaths and hot fomentations or linseed poultices about the body over the kidneys are sometimes very helpful, especially if there be nephritic pain. Libradol or Antiphlogistine would do well in some cases.

Warm salt-water baths three or four times a week are beneficial. If the skin is rough and dry, it may be rubbed with olive oil or sweet almond oil after the baths.

Webster's *Dynamical Therapeutics* says of diuretin that "in acute nephritis it more than doubles the amount of urine voided, and in circulatory lesions attended by oedema it rapidly removes the accumu-

lation of serum." Of Digitalis it says: "It directly influences the kidneys, and is of service in relieving the tension of the renal capillaries in chronic inflammation, as in Bright's disease." "In granular degeneration of the kidneys it is of service, increasing the quantity of urine passed and lessening the amount of solids voided." "It is of service in cardiac dropsy through its influence on the kidneys, and in albuminuria of scarlatina it is often the only remedy needed to relieve the oedema and bring the difficulty to a favorable termination."

Belladonna is said to be valuable in the congestive stage, although I should think that it might diminish the urinary secretion to an injurious extent in some cases.

Bichloride of Mercury and Chloride of Gold and Sodium are said to be valuable in chronic nephritis.

Infusion of fresh wintergreens is a useful diuretic, and has the great advantage of being pleasant to the taste.

Nitrogenous and all solid food should be discontinued in the early stage of the acute disease. Even animal broths and soups are interdicted. Milk is considered the best food, but it should be taken sparingly during the period of invasion. Mixed half and half with water, it is both nutritious and diuretic. According to the best authorities, it is advisable to confine the patients with acute and chronic parenchymatous nephritis to a strictly milk or buttermilk diet. However, gruels made of arrowroot or oatmeal, barley-water, bread, cereals, a little fruit, and, if necessary, beef tea and chicken broth, after the initial stage of the disease has passed and the fever has subsided, are allowed, but flesh foods are prohibited until the urine has been free from albumen for several weeks. Since there is usually no dropsy in chronic interstitial nephritis, there is no need of active cathartics in that form of the disease, though the bowels should be kept regular, the skin active and the urinary secretion free. These patients may have tea or coffee and a light nourishing diet, with meat not more than once a day, when required at all.

The genuine Eclectic will always be on the lookout for symptoms which experience has taught us are easily overcome by the application of our rules of specific medication. Such application implies the correction of blood depravation and all relievable abnormalities which impede the progress of cure, by means which are inherently scientific, and therefore thoroughly rational.

If our knowledge of pathology and therapeutics were perfect, all our treatment would be subject to specific rules, founded upon specific diagnosis, and the results would be as uniformly successful as are any of the affairs of life.

## LUMBAGO.

By W. S. Bogart, M. D., Erie, Col.

Lumbago is a condition affecting the lumbar region, of generally considered uncertain etiology, and manifesting itself as a pain varying in severity from a dull ache to an excruciating pain, evidenced upon the slightest attempt at movement of the back. No great systemic disturbances develop, but the patient is rendered wholly uncomfortable, and in some instances incapacitated so far as locomotion is concerned. The attacks generally come on suddenly, and may leave either gradually or by immediate cessation of painful symptoms. Individuals who have once been afflicted are subject to a recurrence, and usually develop a lumbago habit.

Heretofore nothing of a satisfactory nature has been reported concerning either etiology or treatment, a rheumatic diathesis for the former and counter irritation for the latter, comprising the sum of clinical experience with the majority of practitioners.

Papers of mine on the subject of backaches have heretofore appeared in the *Chicago Medical Times* and the *Eclectic Review* regarding a special variety of this trouble. I have since had a very valuable experience with such troubles, and have determined, to my own satisfaction, both the cause and treatment of lumbar pains.

Previous to the past year my experience had not been different from that of the average physician in such ailments, excepting for the development of a certain treatment of the peculiar form of backache discussed in preceding papers. My experience in a mining camp has afforded me the opportunity to study every variety of ache that can be developed in the lumbar region. These were occasioned by strain from lifting, chilling of the part by draughts, by wetting or other exposure, by direct violence, or from uterine trouble.

It is a conservative estimate to say I have treated several hundred cases in the past year attributed to some one of the preceding causes. As a result of this experience, I have found it possible to simplify and modify the treatment formerly given in the above papers, as appears below. I found that many patients complained of soreness across the lumbar region, especially when exposure or lifting was ascribed as the cause, so, remembering the action of Arnica with bruised feeling, and the further fact that this drug is a spinal stimulant, I finally elaborated a prescription consisting of Sp. Arnica and Sp. Macrotys aa ʒ i. to ii.; Aqua qs. ad. ʒ iv. M. Sig.: Drachm doses hourly until recovery. The results were extremely gratifying, and I feel safe in saying that with any of the preceding causes, or whatever the character of the pain, given

a backache located in the lumbar region, and even extending into the dorsal or coccygeal regions, this prescription will relieve. It has never failed me in any of the hundreds of cases which have come under my observation.

No local or other internal treatment was used, and the uniformly good results, whether from strains, cold, lumbago, female trouble, blows or what not, led me to look for a common cause, and I feel assured that such cause is simply an impaired spinal innervation. Such lack of tone on the part of these particular spinal centers will develop as the result of cold, blows or strains, and will in turn establish lumbago, womb weakness, etc., and as the proper functioning of any part is dependent upon its normal innervation, I feel that herein is determined the cause of lumbar pains by demonstrating that they can invariably be relieved by the internal administration of spinal stimulants. By a happy and correct choice of such stimulants I am assured the effect of the treatment herein related overcomes the pathology. Therefore I would say the cause of lumbago and allied pains is defective spinal innervation; the treatment, Sp. Arnica and Sp. Macrotys in two to four drop doses of each at intervals of one hour.

Finally, don't, for humanity's sake, give any of the advertised or non-advertised "kidney" remedies when your patient comes in and tells you he "has kidney trouble, because he aches across his loins." I never argue with them, but after satisfying myself, as usually occurs, that the trouble is of spinal origin, I treat as above, with such happy results that my clientele firmly believe I have the "best kidney medicine in the world." This latter merely shows one possible phase of the great harm the vendors of proprietaries do in leading the laity to erroneous self-diagnosis and treatment, for under other less satisfactory medication they begin drenching themselves with nostrums.

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### IS FEVER PHYSIOLOGICAL ?

By A. M. Nicks, M. D., Fayetteville, Ark.

Did I not hear some one say that fever is physiological? Of course I did. Well, let's see. What is disease? What is a pathological condition? Keating defines the first as follows: "Malady.—A condition of the body in which one or more of the functions of life are not properly performed. A departure from the state of health." The second he defines as "morbid." Now, the normal temperature is 98.2-5° Fahr., and fever is an elevation of temperature above this—"a departure from the state of health"—"morbid." Now, if this is physiological, pray tell us what is meant by pathological? I understand disease to be any

variation from a physiological, normal, condition. When I examine a patient and am unable to find something abnormal, morbid, such as fever, inflammation, diarrhoea, vomiting, hyperæmia, sepsis, acidity, alkalinity, etc., I inform him that, so far as I am able to determine, he is in a natural condition, and that I have failed to find any variation from a healthy physiological standard; therefore I know of no drug or combination of drugs that could, under the circumstances, benefit him in the least. If you do not indorse this, please tell us what you would prescribe under such circumstances? A placebo, eh? How much does diarrhoea, cholera morbus, cholera, vomiting, abscesses, furunculosis, etc., lack of being as near a physiological process-symptom (?) as fever? Why not? Who ever heard of a physiological process-symptom becoming dangerous?

I was taught — and I believe correctly, too — that rest is *the* treatment for all inflammations. If this idea is not correct, then why is it that blood-letting gives such wonderful temporary relief in pneumonia? Of course the way that it gives relief is by lessening the amount of blood thrown to the inflamed tissue, thereby giving it *rest*. Then, why not use this means in pneumonia? Because it is too weakening. It destroys the patient's strength directly. Have we any means that will give the inflamed lung tissue *rest* without permanently depressing or weakening the patient? Most assuredly we have. Veratrum and Aconite. I have practiced medicine seventeen years in the South, and have treated a great many cases of pneumonia; and Osler says that the disease is more fatal in the South than it is in the North. I do not regard the disease, ordinarily, at all dangerous; and I have always used the antipyretics, Veratrum, Aconite, Acetanilide, etc., in all sthenic cases (and they are nearly all sthenic). I know of no single drug that will benefit a sthenic case of pneumonia more than a good preparation (such as Lloyd's or Norwood's) of Veratrum. It matters not whether the temperature is high or only moderate, give it. It is absolutely not dangerous when properly handled, but the most efficient agent known to man. Given a case of pneumonia, with a temperature of 103° Fahr., pulse 120 or 130 per minute, flushed face, pupils contracted, too small, hacking cough, pain rather severe, my prescription would be as follows:

R—Tr. veratrum vir. .... 3 ss.  
 Fl. ext. gelsemium, .... 3 j.  
 Fl. ext. bryonia, .... gtt. xvj.  
 Aqua, q. s. ad, .... 3 iv.      M.

Sig. Teaspoonful every hour and a half or two hours while there is fever.

In addition to the foregoing I would order a laxative dose of OL

Riceni or Magnesia Sulph., and instruct the nurse to see that the patient had at least one medium action each day from the bowels, giving my preference to the first named remedy.

Where the fever is high, give a medium dose of Acetanilid with every other dose of the Veratrum mixture. "Holy smoke," says one. Never mind, don't you get alarmed; I know from experience that this treatment is safe and wholly without danger. Now place a small sack of hot salt over the painful region, and order the nurse to change it as often as it becomes cool, and leave your patient for twenty-four hours. Never mind, he will not be dead when you return. If on the following day the patient presents the same symptoms, make the same prescription. If the stomach becomes irritated, substitute Aconite for the Veratrum, and if the stomach is very irritable, omit the Lobelia. Continue this treatment until the circulation is brought down, until the fever shows signs of becoming asthenic, then place your patient upon the following:

R—Fl. ext. digitalis,..... $\bar{3}$  ss.

Fl. ext. cactus grand..... $\bar{3}$  ss.

Tr. lobelia inflata..... $\bar{3}$  j.

Aqua, q. s. ad..... $\bar{3}$  iv. M.

**Sig.** Teaspoonful every two hours until convalescence is established.

About the fifth day, many times on the fourth day, you will find your patient clear of fever and the skin moist.

Where the pulse is compressible and the patient sleeping too much, the pupils being too large, use Aconite and small doses of Belladonna, adding the Lobelia instead of the Veratrum and Gelsemium; and where your patient is sweating too much, small doses of Belladonna should be added to the Digitalis mixture previously mentioned. If the patient is very weak, give small doses of Strychnia. Arom. Spirits of Ammonia is an excellent remedy in these cases. Egg-nog, milk punch, and good, nutritious teas and soups are also in order. See that the kidneys act normally throughout the attack. Finally, put the patient on a good stomachic tonic, as Nux and Hydrastis, and you will hear the plaudit, "Well done, good and faithful servant."

During an attack do not neglect to give Chionanthus Virg. freely where the eyes and skin are yellow.

Don't get scared at antipyretics (sedatives). They are absolutely harmless, and very beneficial when *properly used*. Use judgment. Do not depress the heart when it is already too weak. Do not use a heart-stimulant and a heart-depressant combined. If the heart doesn't need depressing, don't do it. If it doesn't need stimulating, don't do it.

If the fever is periodic, give anti-periodic doses of Quinine during the remissions.



"What will make a well man sick" will frequently cure a sick man. A well man could not stand the Veratrum, Gelsemium and Lobelia.

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### THE GENERAL PRACTITIONER,\*

By W. F. Welkal, M. D., Lewisburg, O.

It was my good fortune, years ago, when I was a ragged, barefoot boy, to know a certain doctor of the old school.

This dear old doctor, who was every one's friend, and who answered to the beck and call of the rich and poor alike, was aroused from his slumbers one miserable cold and stormy night. Hurriedly answering the summons and donning his garments, he grasped the handle of his old grip and chose to walk the two miles that lay between him and his destination.

The wind in its wildest fury whistled into his ears as he opened the door of his cosy office; the rain and sleet beat him in the face as he entered the highway; the mud caused his feet to sink deeply into mother earth, making his burden harder with each step.

Patience had always been this dear old fellow's motto, and as he patiently plodded through the storm, his thoughts would turn back to the nice warm bed just vacated and the cheerful fire in the office grate.

Memories of days gone by, when he, as a young M.D., had entered into the practice of his beloved profession, and as the years had passed and gone, and he had entered into the autumn of his life, with but little of this world's goods to show for his many years of diligent and wearisome practice.

He had often dreamed in his earlier years of his profession, how he could rest from his labors when he had reached the acme of his life's work.

But here he was, old and gray-headed, his back bent with the toil of many years, the fruits of his labors only stored up in the many outlawed accounts that would be left as an heritage to those dear ones who would be left to struggle alone when he had given up his existence here below.

The many happy days he had spent with those loved ones around him caused him to sigh deeply, and as he stumbled along in the darkness, the road reminded him of the road he had traveled for the benefit of mankind. This road had been interspersed with deeds of kindness, a few dollars and plenty of abuse; yet patiently had he taken up the burden, and as wearily would he lay it down.

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\* Read before the Central Ohio Eclectic Medical Association.

At this stage of his meditations a turn of the road brought him face to face with a strong light shining brightly from a window, and the doctor knew his journey was at an end. The bark of a friendly dog and the cold nose of which was thrust into his face, proclaimed the welcome to the much-beloved physician.

The door flew open, and the doctor was ushered into a room poorly furnished, but clean. A man of about thirty-five years old greeted him. In a corner on a bed lay a woman, evidently in the pangs of childbirth; an old woman seated in an old chair knitting; she was the community's midwife, whom the old doctor had met many times.

The doctor set his grip down, threw his heavy coat across a chair, tossed his cap in a corner of the room, and spread his great hands out before the fire to warm.

With a cheerful word to the sick woman, he commented on the weather, and in his kindly way he inquired into the state of the woman's general health, her pains, and when she had been taken sick. After warming himself, he went through the necessary exertions in order to ascertain the position and the probable length of labor.

Assuring the woman that everything was all right, and that in a few hours she would be relieved, he next opened his grip and proceeded to portion out a few powders. Directing one to be given, he then seated himself by the bedside, and with his kind, cheering words and confidential manner, carried the woman through the danger and pain of Eve's descendants.

Seeing that the baby was properly attended to and that the woman was comfortable, and leaving a few powders against he returned, he bade them the same cheerful good-night, and stepped out into the highway just as the sun was casting its golden rays across the eastern sky.

\* \* \* \* \*

The scene changes; the curtain has been drawn over our last picture, and we now conduct you to the home of wealth and affluence.

Late at night, after the household had all retired, there came a rap upon the door of the mistress of the house, and a voice soft and low called from without telling her to come quickly, that the baby in the nursery had been taken suddenly ill.

Hurriedly dressing, the mother followed the nurse across the hall and into a room set apart for the nurse and the children. Opening the door, a sight met the eyes of the two women which sent the pallor to the cheeks of the one and the heart to beat more quickly in the other.

In a crib, which had rocked many generations, lay the pride of the household, a babe of about eighteen months, gasping for breath. The eyes were wild and staring, the little hands grasped the throat, and as

the mother hurried to its side it gave that peculiar brassy cry, which, once heard, can never be forgotten.

The mother, as in the case of so many of the pampered, clasped her hands and looked appealingly at the nurse, as much as to say, "What shall I do?"

At this stage the door opened quietly and revealed the gaunt frame and rough, but pleasant, face of our old friend, the doctor. He had been sent for at the first alarm, and as he lived only a few squares away, was able to respond at once. Hastily removing his outer garments, he spoke a few words of cheer to the poor, distracted mother, and commenced to open his case and make up a powder, against the time the nurse returned with spoon and water.

By this time the anguish on the face of the child was extreme, and the shrill, brassy cough rang in every room of the spacious mansion.

Mixing the medicine in a spoon, the old doctor approached the crib. Carefully and tenderly he succeeded in persuading the child to swallow a part of the potion, the act of which nearly caused it to strangle; but in his kind, genial way, and after waiting a few moments, he succeeded in having it swallow the balance.

Then, seating himself by its side, he carefully arranged the pillows and watched the labored breathing grow easier, until the child sank into a deep, refreshing sleep, after an hour of anxious waiting.

The doctor then arose from his vigil, gave a few general directions to the nurse, bade the mother to seek her rest, put on his great coat, gave them a cheery good-night, passed out into the hall, and from there into the street, and was soon back under the humble roof which had sheltered him so many years.

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## RECOLLECTIONS OF MY BOYHOOD DAYS IN GERMANY.

By H. G. Roth, M. D., Crockett, Tex.

My thoughts to-day wander back to happy days gone by, when a lot of romping boys used to go out (*botanisiren*) gathering flowers, plants, tubers, roots and fauna for discussion at school. We learned to know all plants, etc., useful in medicine. I well remember of gathering the large yellow flower of the *Arnica Montana*. The meadows around our city of Dresden were a waving sea of flowers of all colors, beautiful in its splendor. We gathered the flower of Arnica, and by maceration extracted their virtues, using 70 per cent. alcohol. All bruises and cuts were treated with that home-made tincture. I crushed the nail of my left thumb with a hatchet, and the stimulating application of Tinc. Arnica *ad libitum* prevented suppuration. I have a stout, strong nail!

in place of the old one. Our mothers used to gather the root of valerian (*Baldrian Wurzel*), make an infusion of it, and give the same for headache and nervousness. Hardly a country house is without its bunch of matricaria (*Camille*), gathered in late summer and fall and hung up to dry, ever ready for use in cases of infants' colic. For adults, the flowers of the elder bush (*Flieder Thee*) were used the same as the matricaria, for colic.

*Koch, Koch, Flieder Thee,  
Denn mir thut der Bauch so weh.*

The wild pansy, *Viola Tricolour* (*Stiefmutter*), I have seen perform very active service as an alterative in some cases of eczema, osteomyelitis, and pus discharging sinuses. I have since then seen the seed of Official Fluid Extract used with very good results in similar conditions. *Digitalis purpurea* (*Finger Hut*) and Aconite (*Wolfs Gift*) are well known by every one, but sparingly used in domestic practice. The *Uva Ursi* (*Preisel Beer Busch*), with its pretty white flowers in clusters and the fruit a whitish red berry, grows abundantly in the pine forests around Dresden. Goose grease (*Gansefett*) applied to the breast in asthma and bronchitis, is extensively used to alleviate these troubles. *Taraxicum offic* (*Löwen Zahn*) is extensively used as a mild laxative and diuretic. I remember the French prisoners brought in during the war of 1870-71 gather the young leaves and make a salad out of them. *Senes Blätter Thee* (senna leaves) and *Bitter Saltz* (Epsom salts) are the common cathartics in use.

I am now studying the flora of this my adopted country, which, with its liberty-loving people, I love better than any country in this world. Whenever botany will be among the branches taught in all the common schools of this country, our boys will take more interest in our native wild flowers, and appreciate their beauty more.

I like the system of teaching medicine in this country better than any in the old country. The average American Eclectic physician is better fortified and more successful in his practice than the nine-year Allopath in the old country. A little common sense goes a very long way with practical experience.

**SURGICAL SUGGESTIONS.**—In excising a varicocele under local anesthesia, tie the upper ligature first; the pain of tying the lower ligature will then be abolished.

The painfulness of withdrawing packings that have dried in a wound may be avoided by soaking them with peroxide of hydrogen.

In an acute condition simulating intestinal obstruction, if a large mass can be felt in the abdomen think of omental torsion.—*Amer. Journal of Surgery*.

## PARISIAN MEDICAL CHIT-CHAT.

*Laughter.—Cancer of Monkeys.—Mosquitoes in Indo-China.—Ink as a Microbic de.—Cancer Cure at Marbourg.—Fleas and the Plague,—Medication in Other Days.*

Translated by T. C. Minor, M. D., Cincinnati.

Like crying, laughing is due to contractions, spasmodic and involuntary, of the diaphragm. Laughter shows itself by a particular noise, due to resonance of the vocal chords, and to a series of more or less prolonged expirations that succeed a short inspiration. Thus, the same mechanism expresses these two sentiments, so opposite in appearance, and which are, nevertheless, so close to each other, these two sentiments of joy and pain.

Laughter is always accompanied by contractions of the muscles of the face. In noisy laughing, the lips of the glottis give out a sound very similar to that of the voice; in moderate laughter, on the contrary, only the veil of the palate vibrates, and the vocal chords produce no resonance. As for the smile, it is only the expression of the sentiment of gayety, of a delicate thought. It is almost always voluntary, and is merely manifested by a slight movement of the lips, without the intervention of any of the phenomena of respiration. Contained, rather than designed, it produces only a very feeble muscular contraction. It is, let us add, the peculiar gift most often of men of genius.

All in all, life as we view it is a more or less nervous excitation. It is often very intense. According to the mental disposition, this nervous excitation often comes from opposite causes, that are influenced either by acute joy, by some new spectacle, and often by super-excitation of the physical kind. Thus, people laugh on attending a comedy, listening to a funny song or monologue, seeing the absurd antics of some buffoon, falling about, not that one wishes him injury, but as La Rochefoucauld has observed, "*There is in the misfortunes of our best friends something that does not displease us.*" It is merely because in his queer fall the clown victim assumes a grotesque position and expression. Finally, laughter may even be induced by the inhalation of *laughing gas* discovered by Davy. This gas has the power of provoking, through reflex action, strong contractions of the diaphragm, and other physiological phenomena that are its consequences. An analogous effect is also induced by hysteria, by forced self-excitement, that in the end may cause real suffering, and even death.

A blow on the top of the head sometimes brings on convulsive attacks of laughter. We once saw a poor rider who, thrown from his horse on several occasions, always broke out into loud peals of laughter.

Cold, serious, calculating men, trained to be astonished at nothing, very rarely laugh. There are even some men among the financial class who never even smile. The laughter of some other man puts them into a violent temper. The Waddahs, that strange tribe of some three hundred people living in the jungles of Ceylon, who have never had any contact with other men, never laugh, and laughter among them awakens wrath. "Laughter," says Rabelais, "is the sole property of man." Lord Chesterfield makes the same remark. One never observes this peculiar manifestation of joy in animals, while it is frequently noticed in new-born babes. Schelheimer mentions a young boy who was found in a wild state in the woods. This youth could laugh, but could not speak. The expression, "To die of laughing," is generally considered a mere figure of speech, but often proves true. A prolonged laugh may be fatal, especially among the very young and the aged, as it often produces rupture of a blood vessel. Such cases are rare, it is true, but are well authenticated. All know the ancient story of how Chrysippus died of laughter at the idea of an ass being invited to a banquet, and how one celebrated Pope died the same way, on seeing a tiara placed on a monkey's head. Some may claim that such stories are not true, yet there is a scientific possibility in these statements.

It is a long time since we mentioned cancer. Let us go back forty years for some facts noted once at Strasburg. It was noted that this terrible malady was observed as an epidemic among monkeys at Paris and Buenos Ayres. One observer claimed that in an epidemic twenty out of one hundred monkeys living in the same quarter were attacked. Triumph of statistics! One might demand if these monkeys were passed on by the anthropometric service of Bertillon, so as to be identified. Another observer believed some ten years ago that cancer in the monkey was transmitted by fleas!

Then, "*Death to the Tyrants*," as they used to sing in the old opera of Charles VI. Let all wage war, then, on fleas, flies, mosquitoes and bed-bugs.

It is a wonder that no monkey serum has been invented to prevent cancer, but what a hectacomb of monkeys it would take!

We recommend the new French work on Indo-China, by Doumer, to all who believe that mosquitoes propagate telluric maladies. We all know that Algeria is a dry country, in comparison with Cochin-China, Annam, Cambodia and Tonkin, and that the work done by France in these countries has made them comparatively salubrious. France accomplished work of the first order, like the Romans, who were the best of hygienists.

Now listen, gentle reader, what P. Doumer says regarding the new

popular sanitary phantom, the mosquito: "Indo-China possesses a rich collection of animals that devour, from the larger beasts like the tiger and panther, to blood-sucking leeches and red-wood ants. But the most dreadful and bloodthirsty curse of all that land is the mosquito." Let us remark that the ex-Governor passed days and nights among the swamps, often sleeping on the ground under the stars, crossing the Cambodian lakes to the fantastic ruins of Angkor, this, too, at the stage of very low water, ever and terribly assaulted by mosquitoes. Very well! Let the school of Bougie rejoice. There was not the least symptom of fever among the numerous travelers. But doubtless the mosquitoes were not as deadly as in New Jersey or Africa.

Laverau has lately presented to the Academy of Medicine at Paris the results of his mosquito hunt in Japan. There they have a sort of chimney, in which they burn a powder made up of half pine and dried chrysanthemum flowers. This smoke is particularly disagreeable to Japanese mosquitoes, the villainous little beasts! So much the better.

Will ink kill people? This question has been agitating Switzerland for three years. Now and then a physician of William Tell's land announces that ink contains a multitude of microbes, and that school children and literary people, as well as clerks and newspaper men, must not put their pens into their mouths, nor lick the ink from begrimed fingers, unless they desire to commit suicide. Horrors! Luckily, another Swiss physician has just discovered that ink can not be used as a culture. He made experiments, and found that ink is a bactericide, for the microbes put in it all died. So school children may lick their inked fingers without fear of death, unless a mosquito flies into the school-room window. Children who lick ink spots from white paper take only a bactericide into their economy.

Professor Opitz, of the Marbourg Faculty of Medicine, thinks he has discovered a cure for cancer, even the most desperate cases. He asks that municipality to give him the means to establish a special clinic for experiment. Nothing is less sure than success, which recalls the old Spanish proverb: "*De las cosas, mas seguras; la mas seguras es duclar*" (of certain things, the surest thing still is *doubt*.)

We have already mentioned monkeys, fleas and mosquitoes. It appears that lice taken from rats attacked by plague have their intestines full of plague bacilli, and as lice sometimes bite men, they may convey the pestilence. The thing to do, then, is to kill the lousy rats. The Director of the Bureau of Epidemiology at Buenos Ayres advises this. What medicine! ye immortal gods!

We lately read in the *Promenade du Pre aux clerics*, a work written in 1622, and one which reviews all the professions, one by one, con-

cerning the physicians and surgeons of that day: "They do not know the effects of the remedies they prescribe; *they experiment on patients*; they do not visit the sick who have no money to pay; they keep sick as long as possible those who can pay." Then the author goes on to defend the profession he attacks, giving them the benefit of extenuating circumstances, because these men were the *very learned and prominent ones of 1622*. Of course, at this modern date, such medical leaders do not exist. Commercialism in medicine of two hundred and fifty years ago has quite disappeared. Yet, with Alfred Musset, one is led to observe:

*"Such means once used, 'tis very true,  
In modern drugs are not so new.  
So we conclude, just for the fun,  
There's nothing new beneath the sun."*

The least dangerous surgeon, like the best watch repairer, is he who can put one's works in order by mending the wheels, so as to make things go on in a regular fashion. One can be an excellent workman with a knife without making a great noise or attracting public attention by some new operation or fallacious serum. An honest practitioner who has just left this world is a proof of this. The author of a *Treatise on Clinical Surgery*, with his robust good sense, was not bluffed into a belief in Pasteur. Like Le Fort, he resisted the orgy in antiseptics; this did not prevent him being a lucky operator. Like Armand Despres, quite to the contrary.

Tillaux was not a worldly medical figure, a rhetorician of the Academy, or a fine speaker. He rarely went to medical societies to advertise his specialty. He passed a quiet existence with his students, whom he instructed at his hospital. *He was a man who cured his patients*. He wrote ten fine works, simple, clear, in pure French, that have remained classical. His *Treatise on Topographical Anatomy*, along with the *Operating Medicine* of Faraboenb,(?) were the textbooks of the doctors of his province.

Tillaux had the fine presence of the healthy Norman peasant, and he was a perfect gentleman. Scrupulously honest, he never robbed any one. We have seen him make prodigious efforts of memory to give every man the credit that belonged to him. He was quick at citing the names of the most obscure, even when they were not official physicians or college professors. His scruples went so far that he gave the name of a simple student from whom Velpaur filched the symptoms of *yellow skin* as a sign of cancer of the breast, a young man called Manduit, so obscure as to be forgotten now. Bacteriology had not ravaged medicine in his day, as in ours.



Tillaux was not a bacteriologist, not even a Pasteurian. He had far too much sense. He was a wise operator, a good clinician, an old doctor, esteemed and loved by all his patients. He had friends everywhere. He was best known in the amphitheater at Clamart, where he taught *regional anatomy* for twenty years. He was a lucid teacher, disdaining German nonsense, repudiating the outpouring of De Monche. So his students all worshiped him. He left a place that will doubtless be filled, but no one can better do the work he did. He lectured in his shirt sleeves, and often with an apron on. To-day, professors teach with dress suits on, and embroidered vests in flower-garden patterns. Students no longer know their anatomy. He wrote in French; almost all our professors now read badly translated German compendiums on anatomy, so bad, indeed, that their original authors would fail to understand them. He made everything clear. Modern lecturers are obscure in all they render. He was practical; they may, perhaps, be deemed erudite. He did not claim to be a *savant*. Tillaux went to his lectures in an old doctor's gig. The new professors ride in fancy automobiles, *rented* for the season.

Tillaux remained a type of the good surgeon. He was a good old boy, a little slow at times, but ever sure and safe, full of sympathy, and great in after-treatment. Tillaux will not be forgotten. He will be remembered long after all Pasteurian nonsense will have been forgotten.

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### **Heton Hospital Reports.**

PROF. L. E. RUSSELL, SURGEON.

CASE 90.—Mrs. M., referred to the Clinic by Prof. E. R. Freeman. Patient about fifty years of age, the mother of quite a family. Medium size; weight, one hundred and twenty-five. She commenced complaining of pain in the right loin about one year ago.

There has been manifest for many months an enlargement extending over the region corresponding to the right kidney, and dipping down into the right iliac region.

The patient had been, before coming into Dr. Freeman's care, in the charge of quite a number of physicians. The last three months there has been marked loss of flesh, the limbs greatly emaciated, and the patient suffered severe pains in the abdomen, oftentimes of the cutting, colicky character. The patient was so extremely reduced and weakened when she came into Professor Freeman's care that we deemed it expedient to delay the operation several days, and attempt to build up the

system to withstand the severe surgical shock which would be necessary to bring about a cure.

On examination of the urine, there was a deposit of fifty per cent. of solid matter, which by clinical analysis proved to be albumin and pus.

Wednesday, December 6th, the patient was anæsthetized and wheeled into the arena of the Seton Hospital, properly prepared for the surgical operation. The temperature had remained above normal, the pulse 90.

By inspection we find an enlargement extending from the twelfth rib down below the crest of the ilium, well into the pelvis, laterally from the umbilicus to the spinal vertebra. In general appearance the tumor is the size of an ordinary child's head. We shall make an incision from the twelfth rib extending backward and then forward and down quite like the letter S, the lower end of the incision three inches below the crest of the ilium. In this operation, Nephrectomy, we remove the kidney retro-peritoneal, but on account of the excessive size of this sarcoma of the kidney, we require a very extensive dissection. The tumor has pushed the peritonæum in advance, taking with it the ascending colon with adhesions. The tumor must be liberated by a process of flaying, with the index finger keeping all the time snugly against the tumor.

We have now carried the dissection laterally and posteriorly over two-thirds of the tumor, the right hand is thrust behind and below the tumor mass, lifting it upward, and with the double tenacula tractor the delivery is effected much more easily.

Just at this time a strong thong of silk is placed around the tumor, its upper attachments completed sufficiently to allow the silk ligature to pass around and ligate the renal artery and vein, after which we excise a liberal amount of outer covering of the tumor to form a pedicle to prevent the slipping off of the ligature.

There is little hemorrhage following this method of removal, and the oozing will be staunched by introducing two or three yards of iodoform gauze within this enormous cavity, the same to remain for two or three days, after which time the gauze will be gradually removed. The long incision will be closed to within two inches of its upper margin, at which place the gauze protrudes.

The report from the patient ten days following the operation shows that the temperature has never been but a degree above normal, and she is making a remarkable, uninterrupted recovery.

## Monthly Retrospect

—OF—

### ECLECTIC MATERIA MEDICA AND THERAPEUTICS.

BY HARVEY WICKES FELTER, M. D.

BAPTISIA TINCTORIA.—Dr. W. L. Leister (*American Medical Journal*, October, 1905,) notices editorially the wild indigo of domestic introduction and Eclectic development, detailing the process by which the tincture and other preparations were made in office pharmacy. It was such tinctures as he describes that gave to the Eclectic School its *renaissance*, and paved the way for the later perfection of specific medicines. His article is one of several, which have evidently been prepared with the object of comparing the well-known Eclectic alteratives, so-called,—particularly Baptisia, Phytolacca, Iris, and Echinacea,—and establishing their differences in specific application. The time is now ripe for such a comparison. Dr. Leister notes particularly that Baptisia exerts a positive influence upon venous capillary stasis, whether general or local. This stasis necessarily means a phase of atony. The atonic state, with sluggish blood current, leads to a surcharging of the blood with effete material. The matter so retarded by venous stasis contributes to a septic condition. Here Baptisia is the remedy needed to impart nerve energy to the vascular walls. By it the capillary flow is quickened, the stasis is overcome, and depuration is established, thus relieving the venous current of its necrological debris. He cites as cases in which it is likely to be indicated such malignant states as ulcerative sore throat and diphtheria. It finds a place in the treatment of ulcers of the leg, and in “deep sores that refuse to heal before venous capillary stasis and resultant sloughing be corrected.” Ulcerations in the mouth are relieved by it, and the poultice of the powdered drug is praised as of value in “peripharyngeal cellulitis when the tissues have softened and gangrene is threatening.” In fevers depending upon a septic condition, as in typhoid fever, etc., he contends that not Aconite, Gelsemium, Veratrum, or Digitalis, Zinc Sulpho-Carbolate, Bismuth Subnitrate, Calomel, or “heart sustainers,” such as Strychnine, Strophanthus, Crataegus, or whiskey are the needed remedies; but Baptisia and Phytolacca and Echinacea, followed in a few days by flushing the intestines with slightly carbolated water. While in some respects not all practitioners will wholly agree with Dr. Leister as to the abolition of the use of the well known agents first mentioned, many of us can see the philosophy of sustaining the venous circulation, and thus contributing to the early removal of necrologic material of whatever name. His observations upon the *modus operandi* of Baptisia recalls the classic symptomatic indications so clearly pointed out by Dr. John M. Scudder thirty-six years ago — indications

that are often overlooked, especially by the younger practitioners, to whose attention vast numbers of more recent medicines, most of them of far less therapeutic value, have come.

Dr. Scudder wrote: "The specific indication for Baptisia is a dusky purplish color of face, like one who has been exposed to cold, face expressionless; there is a similar color of tongue, fauces and throat. Occasionally we find this unpleasant discoloration over an affected part, as the chest, liver, etc., and sometimes the entire body is thus discolored. \* \* \* It is in those cases in which there is enfeebled capillary circulation and tendency to ulceration that it is *specific*. That is, the condition is one of atony, with tendency to molecular death and decomposition. The remedy is, therefore, stimulant and antiseptic." It is not the remedy for acute inflammations, he pointed out, but for atony, and his indication in bowel disorders, of stools resembling "prune juice," the washings of meat, or muco-purulent discharge, is a fixed guide in Eclectic literature.

Since the introduction of the more frequently indicated and more generally employed Echinacea, Baptisia has received far less attention than it deserves. Its popularity in the Eclectic school was due chiefly to the advocacy of Dr. Scudder, who gave it a prominent place in his list of typhoid remedies—following, of course, the experience of the early Eclectics, with whom it was a favorite remedy. Scudder, however, made the indications so clear that its use became narrowed down chiefly to typhoid fevers and typhoid conditions coming under the group named above—conditions not so frequently found as those in which Echinacea is indicated. Hale, through his *New Remedies*, made the drug prominent in Homœopathy. For such introductions from Eclectic sources Dr. Hale was severely arraigned, but lived long enough to see his introductions become popular, and to die honored by Homœopathists for his great work in the field of materia medica.

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QUININE BISULPHATE.—Dr. John Albert Burnett, (*Chicago Medical Times*, November, 1905,) whose articles touching upon malaria and kindred topics, gathered from every conceivable source,—domestic medicine, trade catalogues, physio-medical writings, and most largely from Eclectic literature, and much of which is now obsolete,—have been appearing in a large number of medical journals, discusses the advantages of Quinine Bisulphate over the more generally employed Sulphate. While the majority of these articles contain much chaff, there is occasionally a grain of wheat, and the author, while figuring most largely in old-school journals, honestly gives credit for his cullings. When this material is all gathered and run through a fine screen, it will undoubtedly result in some grain which will actually show the status of the therapeutics of malaria. It is not how much we can gather con-

cerning the so-called facts about the use of drugs that undue credulity has caused people to believe, but how few well authenticated drugs can be found to meet specific conditions and to stand the test of therapeutic application.

Dr. Burnett just claims that Quinine Bisulphate does not cake in the bottle, and being very soluble in water, he prefers it over the Sulphate for external use. As a proof of its absorption, he states that it leaves no white powder upon the surface when the watery solution is applied to the skin. Dr. Burnett propounded the following question to Professor Lloyd: "Would it be compatible to add ten to twenty drops of specific Gelsemium to a four-ounce solution of Quinine Bisulphate, made by adding one or two grains of the Quinine to each drachm? He replied that they were not incompatible, and thought the combination desirable, in that it might modify "the exciting qualities of Quinine without disturbing its therapeutic value." Professor Lloyd's reply recalls the long-ago recognized principle of the earlier Eclectics, and one so insistently and persistently directed by the founder of specific medication, that relaxation of skin and nervous system and free secretions were necessary to the kindly action of Quinine. For long years it has been the practice of Eclectic practitioners to employ the special sedatives preparatory to or in conjunction with the administration of the cinchona alkaloids. Gelsemium possesses in a very powerful degree this relaxing property, and has, perhaps, been the agent most largely used as a quinine preparator. The question and the answer are, therefore, pertinent, and should be memorized as touching one of the cardinal doctrines of Eclectic therapy.

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SALICIN.—The able article of Dr. Eli W. Wight (*Chicago Medical Times*, December, 1905,) brings to memory the days when Salicin was the forerunner of Salicylic Acid and the Salicylates. There are many who contend that all that can be accomplished by the former is now being done by the Salicylates; on the other hand, there are others, and Dr. Wight is among them, who maintain that it has a distinctive place in medicine. The latter view is more in accord with experience in the Eclectic school, wherein differential shadings in the virtues of plant drugs of even the same botanical family have been observed and brought into daily use with beneficial results. It was Dr. Lawrence Johnson, if we remember correctly, who contended that a single drug of the same family was most likely to possess the remedial virtues of the others. That this tendency to so regard drugs so common to the old school of medicine is a pernicious one is shown by the great differences the adherents of that school observe in such drugs as Stramonium, Belladonna, and other solanaceous plants, though they have much in common. Note in our own therapy the marked variance in the properties

and uses of the various species of *Rhus*, and the wide variation in the therapy of *Belladonna*, *Solanum*, *Dulcamara*, *Stramonium* and *Hyoscyamus*. That *Salicin* is resolved into *Salicylic Acid* and *Saligenin* is true, and is referred to by Dr. Wight. That it does not readily produce physiologic effects is also true. That, however, does not signify that it is not without good therapeutic effect, and so Dr. Wight regards it. While *Maclagan's* (1874) claims for it as a remedy for acute rheumatism have not been realized by all, Dr. Wight believes much of the lack of effect in its use is due to the manner of administering it in pills, etc. He advises the pure drug, in capsules, and his dose is comparatively small — five to ten grains every two hours, until improvement is shown, then every three or four hours. Rapid absorption is necessary, hence the necessity of administering the powder dry, *i. e.*, unmixed with anything of a pasty consistence. He employs it in rheumatism and in puerperal fever. When a patient complains of feeling ill, with or without a rise in temperature, and with or without change in the pulse, he gives it as noted above, and invariably with good results. A very great use of it, extending daily over many years, entitle his report to consideration. He says: "In that condition following undue exposure to cold, when it is commonly said the patient has 'taken cold,' *Salicin* will give more pleasing results than any other remedy within my knowledge." May we add that *Salicin* possesses undoubted anti-periodic properties, and should especially be useful in rheumatic conditions coupled with malarial manifestations, in lieu of *Quinine*, and exhibiting none of the untoward action of the latter.

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**HUARCHICHILE.**—Dr. R. J. Smith (*Chicago Medical Times*, December, 1905,) contributes data concerning a Mexican fever remedy known to the natives as *Huarchichile* (pronounced wa-chi-chile), and catalogued in *Dato's Materia Medica* as *La Espinosilla*. *Cervantes* named it Mexican phlox, and it is botanically *Losselia coccinæ*. Don. *Huarchichile* is a low shrub, growing preferably in moist localities in mountainous altitudes, where the sun shines a portion of the day at least. The plant is bright green, with rich green leaves, and the flower is small and pink, and appears in July and August. The whole above-ground portion of the plant is used, and when chewed it is intensely bitter. For use, the plant is bruised and steeped in cold water. This cold infusion is freely administered, and the uncertain claim is made that eight ounces of the plant will cure a bad case of malarial fever. The properties ascribed to it are anti-periodic and stimulant to the excretory organs. Long-continued cases of malarial affections are said to have yielded to it in two days. "The Mexicans use this remedy to break up a cold quickly, in influenza, in chills and fever, to remove the effects of a spree. The women also use it to prevent falling of the hair, rubbing it into the scalp thoroughly. In simple fevers of children it is given with success."

## **Eye, Ear, Nose and Throat.**

CONDUCTED BY KENT O. FOLTZ, M. D.

### **SIMPLE ACUTE RHINITIS IN CONSTITUTIONAL DISEASES.**

Simple acute rhinitis is of more or less clinical importance in a number of diseases.

**MEASLES.**—Acute coryza is one of the prominent symptoms in the initial stage. Associated with this will be injection of the conjunctiva, excessive lachrymation, photophobia, and the characteristic cough. It is claimed that at times, following a severe coryza, ulceration of the septum occurs.

**PERTUSSIS (Whooping-cough).**—Catarrhal inflammation of all the exposed mucous surfaces is found as the initial symptom of this disease, the patient presenting all the symptoms of having contracted a severe cold. The associated symptoms may make it difficult to differentiate from measles until a few days have elapsed.

**SCARLET FEVER.**—Excepting in very mild cases, there is an acute catarrhal inflammation of the nasal mucous membranes, the discharge being thin, acrid, watery or corpuscular.

**VARIOLA (Small-pox).**—Decided involvement of the nasal mucous tissues and pronounced coryza, with associated eye complications, as in measles, are present.

**TYPHOID FEVER (Enteric Fever).**—Congestion of the nasal tissues is frequent during the course of the disease. Epistaxis may be an early symptom. Unless there is necrosis of the cartilage, coryza is infrequent.

**RHEUMATISM (Acute Articular).**—In articular rheumatism an acute rhinitis often accompanies the commencement of the attack, probably the result of the excess of uric acid, which irritates the mucous membrane, which is a factor in the process of elimination.

**DIABETES MELLITUS.**—Kyle reports two cases of acute coryza apparently dependent upon the constitutional condition, the severity of the attacks being apparently controlled by the amount of sugar in the urine.

**EPIDEMIC INFLUENZA (La Grippe).**—A typical coryza is present in the thoracic form of influenza, accompanied by a severe paroxysmal cough.

**DIPHTHERIA.**—Acute simple rhinitis is very frequent in this disease. It may be the initial stage of invasion of the diseases from the pharynx, or it may result from primary infection of the nasal cavities. Membrane is not always formed in the nasal fossæ, a catarrhal process being maintained.

**ERYSIPELAS.**—Acute rhinitis sometimes accompanies primary erysip-  
atous infection of the nasal cavities. The inflammation is severe, the  
tissues much swollen, and a decided tendency to extension to the nasal  
duct and cutaneous surfaces.

**SCORBUTIC RHINITIS.**—In infantile scurvy there is often inflamma-  
tion of the nasal tissues and excoriation about the nasal openings.

**ANEMIC RHINITIS.**—This is a non-inflammatory state of the nasal  
tissues, in which there is engorgement of the submucosa vessels and a  
clear exudate. Symptoms of an acute rhinitis are absent. Age is not  
a factor.

**ETIOLOGY.**—The mucous membrane of all the functioning organs  
present practically the same condition in anemic persons. Local irrita-  
tion is absent, but with the general malnutrition and muscular relax-  
ation there is also a relaxed condition of the vessels of the submucosa,  
with the consequent escape of fluid. This effusion is not from the  
arterioles only, but on account of the lack of tonicity of the vessels and  
walls, the circulation is impeded, and more or less venous stasis results.  
This is true of the mucous membrane of the kidneys and alimentary  
canal in anemia.

**PATHOLOGY.**—The surface of the nasal mucous membrane is pale,  
watery, and at the junction with the skin a drawn or puckered appear-  
ance is noted. The vessels lacking the support of muscular tissue  
readily fill with blood, but as the submucosa is relaxed through lack of  
nutrition, there is a decided tendency to both venous and arterial stasis.  
Exudation into the tissues follows, and as the nutrition is impaired and  
there is absorption of the exudate by the epithelial cells, destruction  
through hydropic degeneration follows.

**SYMPTOMS.**—The general systemic line of symptoms are present.  
The nasal tissues are covered with a thin secretion, which may be irri-  
tating. It is seldom there is any tendency for the secretion to dry or  
form crusts on the mucous surface, and there is no odor. The inter-  
ference to normal respiration is usually not excessive, but in one case  
under treatment the relaxation was so marked that the inferior turbinal  
tissues moved backward and forward with each respiratory effort, and  
the noise, which might be called moist, could be distinctly heard in an  
adjoining room. The discharge is continuous, compelling the patient  
to use a handkerchief incessantly. The nasopharyngeal and pharyngeal  
mucosa may also present the anemic condition, but to a lesser degree,  
as in these regions the erectile tissue is scanty or lacking.



**LOCAL USE OF QUININE IN HAY FEVER.**

Henry D. Fulton, M.D., Pittsburg, Pa., (*Journal of the American Medical Association*, July 30, 1904). So many remedies have from time to time been proposed for the relief of hay fever that doubt has arisen as to the value of any of them, and very naturally so, for they all have one serious drawback—the uncertainty of their action.

A method of using quinine locally in typical cases of hay fever has proved remarkably successful in my hands. The treatment consists of the employment of a saturated solution of the quinine sulphate, in sterilized water, as a nasal spray, and the application to the mucous membrane of the nares of an ointment consisting of quinine and vaseline in the proportion of thirty grains to the ounce, the applications being made every four or six hours. After trying various unguents and combinations, simple vaseline has been found to be the best base. The white vaseline is not suitable, nor is the liquid albolene. Lanolin is an ideal base, but is too offensive to the sense of smell.

The use of the spray alone will not suffice, but should be used as an adjunct to the ointment. Spraying the nares will at once stop all symptoms of coryza, but the effect will soon disappear unless followed by the thorough application of the ointment. This may account for the failure of this treatment, as first suggested by Helmholtz, who employed only the spray. The application of the ointment should be made at least every six hours, and it may be necessary to repeat it every four hours. An application at bedtime and at 2 o'clock in the morning will prevent all symptoms through the night. Two or three applications of the spray should be made in the twenty-four hours, at the times when the patient has found the irritation to be at the maximum degree of intensity. In respect to the mode of using the ointment, the little finger is the most convenient applicator. In most persons the slightly bitter taste in the throat from the quinine is not objectionable, but where this proves to be a drawback to its use, euquinine, a synthetical product which is wholly devoid of any unpleasant taste, can be substituted, and will be found equally efficacious.

So far as the effects of this simple remedy have been observed, the results are as follows: Used according to the foregoing suggestions, the symptoms of coryza are immediately removed, nor will they return so long as the treatment is continued. The usual accompanying irritation of the conjunctivæ of the eustachian tubes and palate quickly subsides. I have had no opportunities as yet to test this treatment in irregular types of the disease, or to estimate how far these results may be modified by individual peculiarities, but, so far as its effects have been

noted, it seems fair to conclude that this will be found a remedy of actual value in the treatment of hay fever, and that it will promptly and completely relieve a large proportion of these cases.

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### MENTAL DISTURBANCES FOLLOWING MASTOID OPERATIONS.

The review of the more recent Otiological Literature gives some interesting articles, among which the study by Dr. Fritz Grossman, of Berlin, (*Zeitschr. f. Ohr.*, Bd. 49, p. 209,) of the psychic disturbances following the operation on the mastoid, is not the least in importance.

Grossman believes that the cases of psychological disturbances previously reported by Tuffier, Pluder and Piffi are not pure cases. The first true cases occurred in Lucae's clinic. He cites seven true cases where psychical disturbances followed mastoid operation, of which five are of his own material; one, reported by Passow, and one by Heine. In these cases he gives the detailed histories and analyzes their symptoms.

As an etiological factor in the production of this condition, the author holds that the concussions which the cranium receives through the use of the chisel, especially in those cases of mastoiditis in which the bone is sclerotic, is of great moment. He proves his argument by sphygmographic pictures of the pulse before, during and after the use of the chisel, showing changes in the picture when the chiseling was done in the neighborhood of the sinus or upon the cortex.

He further places before the reader a critical review of other cases from literature citing the evil effects resulting from the concussions to which the cranium is subjected through the use of the chisel, laying stress on the resultant pathological and anatomical changes that take place in the vascular system. He holds further that, next to these effects, the influence of the suppuration itself on the body is of moment, also that a certain amount of auto-intoxication plays a part, and the manner in which the post-operative treatment is carried out; all these factors play a rôle in the development of post-mastoid mental disturbances. Finally, he believes that a lumbar puncture undertaken shortly before the operation is of etiological importance, as predisposing to their occurrence by changing the endocranial pressure.

Whenever mental (psychic) symptoms arise, he believes the patient's condition to be alarming — he had in three of his five cases death by suicide — and recommends that a careful watch be kept over such patients for some time.

### **Periscope.**

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#### **X-RAYS AND CANCER.**

It would seem as though a sufficient number and variety of tests have now been made of the value of X-rays in the treatment of cancer to admit of the predication of some kind of definite status of radio-therapy in connection with this disease. The medical world, and the lay world, too, is anxious to know just what may be expected of this method of treatment on which such sanguine hopes have been staked, and a rational estimate of its possibilities should not be delayed any longer than is absolutely consistent with a reasonable degree of accuracy.

Every few days, from different quarters of the globe, we hear reports of cases of cancer being treated with X-rays, with various degrees of success, and at first blush it appears difficult to weed out anything like an intelligent idea of their real significance. However, after making due allowance for the variations of circumstance incident to even the best established agencies of therapeusis, the instances in question appear to fall into two general classes, in which, with a tolerable degree of constancy, the efficacy of the treatment exhibits a parallel course with the differentiation of the classes.

The two classes referred to are those of external and internal cancer — those in which the lesion is on the surface and those in which it is below the surface. Of these two groups, it will readily be seen, from the reports at hand, that those of surface cancer yield the best — and, in fact, apparently the only — results to radio-therapy, from which it would seem reasonable to conclude that the virtue of the rays depend upon the directness of their contact with the neoplasm. Whether this differentiation really depends upon the necessity of direct contact between the rays and the growth, without the intervention of intermediate tissues, or whether (as is probable) it lies in the fact that a more vigorous application of them is practicable when the growth is on the surface than can be safely made when other tissues have to be penetrated, the net practical result to therapeusis is the same, at least in the present state of our knowledge.

By just what process the X-rays check the development of the cancerous tissue has not, we believe, yet been determined. It can hardly be determined until we have more definite knowledge of the precise nature of both the rays and the carcinoma cells. It is, of course, well recognized that, to a more or less extent, the rays have a retarding, and even a destructive, effect upon all organic tissues — a condition which has interfered more than any other with their employment in practical therapeutics — and it is interesting to note that this effect seems to be in inverse ratio to the specialization of the tissue, their most marked

inhibitive influence being exerted in the case of such embryo cells as are represented in low types of neoplasm. Their disastrous effects upon the reproductive cells are in direct accord with this apparent ratio.

Under present conditions, then, it may be fairly concluded that in cases of superficial cancer the X-ray treatment may be reasonably expected to yield promising results, especially in those instances (such as carcinoma and sarcoma of the breast) where it can be applied with the least necessary involvement of surrounding tissues. But in cases of internal cancer, particularly where a considerable quantity of more or less elementary tissue has to be penetrated, the present outlook for radio-therapy does not warrant any great degree of confidence, not to say hope.—*The Medical Standard*.

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### PHTHISIAPHOBIA.

The Department of Health of New York City some months ago established one or two dispensaries for the treatment of tubercular diseases. Very recently they endeavored to establish another in the Borough of Brooklyn, but the property owners in the vicinity of the proposed dispensary took the matter to the courts, and an order forbidding such dispensary was issued. The reason given was that such a dispensary would be a menace to the health of the neighborhood.

Two or three years ago the inhabitants of a country community a hundred or so miles from New York were able to prevent the establishment of a sanatorium by the New York City officials because of its alleged danger to the health of that community.

In both cases the fears of the neighbors were groundless and unreasonable. Special institutions for the treatment of tuberculosis are not only without menace to the community, but are a potent protective measure. They teach the sufferers how to care for themselves and to keep from becoming obnoxious to other people.

The authorities are to blame for the great fear of tuberculosis that many persons have. The contagiousness of the disease has been emphasized again and again by them. But what are the facts? Absolute knowledge as to the degree of communicability is lacking. Those of largest experience are able to trace but few cases of probable direct communication from person to person. Husbands or wives rarely contract the disease from the marital partner. True, many members of the same family may have the disease, but is it from intercommunication or because they live under the same conditions? It would seem as though bad living, or unhygienic living, was of greater detriment than association with tubercular patients.

Uncivilized people reduced to civilized methods of living are very

prone to the disease. Living out of doors in the air and sunshine is the most important therapeutic measure at our disposal. These facts are easy to understand when we know that light is inimical to the tubercle bacillus. An exposure of a few hours to diffuse daylight, or of two hours to direct sunlight, will kill the bacillus.

In a dispensary or sanatorium for tubercular cases all these things would be taught. Such institutions should not be considered as a menace to the health of the neighboring community. They are objectionable only in so far as any dispensary or hospital is objectionable in bringing the sick and unfortunate to a neighborhood.—*N. A. Journal of Homeopathy.*

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#### **CITRULLUS VULGARIS.**

*Common Name.*—Watermelon.

*Natural Order.*—Cucurbitaceae.

*Part Used.*—The seeds.

*Description.*—This annual plant is known by the names of *citrullus vulgaris*, *cucurbita citrullus*, and *cucumis citrullus*. It has a hairy prostrate stem, with branching tendrils. The leaves are palmately five-lobed, and all the segments are obtuse. Its flowers are solitary, on hairy peduncles, and yellow in color. The fruit is oval or elliptical, smooth, and light or dark green externally. Beneath the external part is a white juicy substance, and in the center a sweet, juicy or watery edible pulp. The seeds are smooth, compressed, obovate, and of a black or yellowish-white color.

*Dose.*—Fluid extract, thirty drops to two drachms.

*Usual Dose.*—Sixty drops.

*Indications.*—Retention of urine caused by cold; urinary affections; gonorrhœa and strangury; gastritis and enteritis.

*Citrullus vulgaris* is an unirritating diuretic and demulcent.

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#### **PETROSELINUM SATIVUM.**

*Common Name.*—Parsley.

*Natural Order.*—Apiaceae.

*Part Used.*—The root.

*Description.*—This biennial plant has a fleshy spindle-shaped root. Its stem is round, erect, smooth and branching. The radical leaves are on long channeled petioles and bright green in color. The leaflets are wedge-shaped at the base, deeply incised, and sometimes rounded. It has white or greenish flowers. The fruit is ovate and pale greenish-brown in color. Parsley is a culinary vegetable in nearly all parts of the civilized world.

*Dose.*—Fluid extract, ten to sixty drops.

*Usual Dose.*—Fifteen to thirty drops.

*Indications.*—Dropsy, especially that following scarlatina and other eruptive diseases; retention of urine; nephritis and cystitis, especially when the urine is thick, irritating and painful; urethritis when the urine causes a scalding sensation.

A volatile oil (Apiol) is obtained from the seeds of parsley. It is a nerve stimulant and anti-periodic, and is of value in intermittent fevers, dysmenorrhoea, amenorrhoea and colliquative sweating. The dose of the oil is from two to five drops in capsules.

Petroselinum sativum is diuretic and aperient.—*J. W. Fyfe, in Eclectic Review.*

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## SURGICAL SUGGESTIONS.

A scroll-saw, with an assortment of a dozen saws, can be purchased at the hardware store for twenty-five cents; it is ideal for resection of the small bones of the hand and foot, for amputations of the digits, etc. Well tempered carpenter's chisels and gouges and a carpenter's wooden mallet answer the purpose admirably for bone work. A useful bone drill can also be selected from the stock of the hardware dealer. A gardener's pruning knife and a carpenter's miter saw are the best tools for the removal of plaster dressings. A cheap potato knife, rough sharpened on a stone, is excellent for cutting through starch bandages. Crochet needles are most useful for lifting buried stitches out of a sinus.

Knitting needles find another purpose as a means of rupturing the membranes when this is needed in obstetrical work. Sharp and blunt retractors may be fashioned, in an emergency, by bending the tines of a fork and the handle of a spoon, respectively. A teaspoon is also useful as an elevator of the eye, when resection of the superior maxilla is performed. An inverted tea-strainer is useful in the dressing after colostomy, to prevent pressure of the gauze upon the gut. A spoon-shaped potato cutter may be used, in an emergency, as a wound curette. Similarly, applicators, probes and depressors may be improvised by twisting stout copper wire. The multiple surgical uses of the hairpin are also well known. Of stouter material, if necessary, a small self-retaining speculum can be quickly made from steel wire; it often obviates the need of an assistant when searching the hand or foot for a foreign body.—*American Journal of Surgery.*

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A wedge of hard wood makes a gag quite useful, often, when administering anesthesia. A discarded thermometer case (or a hard rubber douche point) is a serviceable handle in which to mount, with candle grease or adhesive plaster, a stick of silver nitrate. Steel spring tape-

measures are better than the wires generally sold for the purpose, for conducting to an X-ray tube the current from the coil or static machine; easily kept taut and quickly adjusted, they are safest for the patient and most convenient for the operator; that they are not insulated is inconsequential—the coverings on the regular wires do not insulate the induced current. Cheap powder blowers, such as are used for insecticides, may be employed as insufflators in surgical work, and pepper boxes are useful for dusting powders.

Wooden skewers are serviceable nail-cleaners. Rolling pins and kitchen towel racks are very convenient for adhesive plaster, rubber tissue, etc., especially for hospital dressings. Grocers' bags are the most serviceable receptacles for soiled dressings. Tar paper is a smooth, fairly waterproof material to tack on the floor when preparing a room for operation.—*American Journal of Surgery*.

Nitrous oxide narcosis can, in most cases, be continued "smoothly," with no cyanosis and with fair degree of relaxation, even for an hour. A laparotomy may be thus performed, if ether and chloroform are contraindicated. To secure such a narcosis it is best to use an apparatus that permits exhalation into the gas bag, and which has a valve for the admission of air. The bag should not be distended fully. After brief air and gas administration, air is turned off and the patient breathes  $N_2O$  and his own  $CO_2$ . At short intervals, and whenever there is any cyanosis, a single breath of pure air is allowed.—*American Journal of Surgery*.

Warming a laryngeal mirror prevents condensation of the breath upon it only for a short time. The mirror will remain bright, however, throughout a prolonged examination if, instead of warming it, its surface is smeared with an invisible film of soap.—*American Journal of Surgery*.

When scissors become "catchy," their edges can often be surprisingly smoothed by carrying each blade repeatedly from lock to tip between the firmly pressing thumb and forefinger. Each kind and size of scissors has its own capacity, and should be used only for what it is intended. Ophthalmic instruments are not intended for ordinary dissections; tissue scissors should not be used for cutting bandages, nor bandage scissors for plaster of paris.—*American Journal of Surgery*.

During narcosis, when stertorous breathing calls for extension of the jaw, it is well to hold it forward first on one side, then on the other, alternating at short intervals. Long, continued pressure at the angle or angles of the jaw produces much soreness. Often the jaw can be kept forward by catching the lower incisor teeth in front of the upper ones (if they are strong); a single finger on the chin is enough to maintain this position.—*American Journal of Surgery*.

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## THE NEW YEAR.

The year 1906 lies now before us. To some it will bring happiness and pleasure; to others sickness and sorrow; and to others the deepest of disappointments. This, the experiences of all the past teaches. But, if the good wishes of the ECLECTIC MEDICAL JOURNAL could bring joy and prosperity to every one, or even mitigate the sorrowful burden of any one, this New Year's greeting would bestow a cloudless year on all who read it. Much can we do to further this desirable end. There is comfort in a gladsome face and a happy greeting. The physician who thinks kindly of his fellow man, and who carries the "Christmas spirit" with him the year round, brings a touch of happy contentment to his patients, even if there be pain and suffering in the home he visits.

"A merry heart," some one may say, "is not professional." This sentiment is a relic of by-gone days, when disease was fought with fire, when the physician was an agent of heroic methods, and when to be a physician of the regular school demanded sternness and severity. Let such a critic remember the completion of the proverb: "A merry heart doeth good *like a medicine*." Through the routine of sickness and the daily rounds of trouble, it especially behooves the modern physician to be of "good cheer," for a comforting word and a kindly greeting work wonders. Grant that this touches "suggestive therapeutics," but do we not all realize the value of this branch of the healing art, though some of us will not admit its place in the professional realm?

And now the editor wishes to heartily thank his many subscribers and advertisers for their warm support of the JOURNAL in the years that have passed. It shall be our pleasant duty to produce as good or even a better journal in the future. If hard work on our part and the hearty coöperation of our staff of assistants can be a criterion, the 1906 ECLECTIC MEDICAL JOURNAL will be a "record breaker." In this connection, let us say that physicians' contributions are ever welcome. We particu-



larly appreciate short, concise articles on problems connected with active practice. Such experiences as occur with recurring frequency in the daily lives of our subscribers are what help our readers and serve best the school to which we belong. Let us add that we can not have too many original contributions, particularly along the lines of a re-study of Specific Medication. Nor can our readers get too much variety in the interchange of methods and experiences that come to physicians desirous of being helped by what others possess, and of helping others by what comes to them. A united effort, a pride in our work, should make the 1906 JOURNAL a feature in Eclecticism. SCUDDER.

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### COMPLACENCY.

"Man wants but little here below"—some people, indeed, are even satisfied with themselves!—*Puck*.

This squib appeals to every one that has had any experience with humanity. The qualifying portion added by *Puck* is exemplified every day. The complacency exhibited by those with whom one comes in contact is sometimes refreshing, sometimes amusing, and sometimes aggravating. Usually, the less a person knows, the more free he is in expressing an opinion. If there is the slightest provocation for proffering advice, and too often when there is none whatever, these complacent specimens of the asinine portion of the so-called human race will volunteer more idiocy and ignorance in five minutes than one who is capable of giving an opinion of value would be able or willing to give in an hour.

The street-corner loafer and the alleged man frantically endeavoring to prevent the escape of the fractious and untamable dry goods box at the village store will settle, in a few minutes, questions of finance, diplomacy, etc., that have engaged the minds of our supposedly best thinkers, men who have received recognition from the world of thinkers as being of superior ability in their line, and who are unable to arrive at a satisfactory conclusion. This peculiar trait extends into every domain of science, into philosophy, sociology, psychology, theology and medicine. One of these complacent individuals once informed me that the reason he had "stomach trouble was because the two lungs and the heart were so large they pressed too much upon the stomach, and his diaphragm was so high in his throat it would not allow his taking a sufficient amount of food, because it crowded the heart and lungs. You know the stomach is above the diaphragm." I was compelled to confess my ignorance of this anatomical condition, and was at once considered unfit to practice medicine. Another peculiar instance of complacency was a case that came for examination of the eyes. After the examination was completed, he said: "Well, had I known it would not hurt more than

that, I would have had the work done long ago." Naturally the question was asked whether he expected to be hurt. The reply was a stunner. He replied: "A few years ago I had an attack of gonorrhœa. The doctor gave me a solution to inject, and ordered me to get it well back in the urethra. I forced it back so far it caused inflammation of the prostate gland, and I had an awful time." I agreed with him that inflammation of the prostate gland would be a serious business.

Cases might be cited *ad nauseam*, but these should suffice. In no class of work is it so imperative that the best possible advancement should be made as in the vocation of the physician. Too many doctors have the idea that they know it all. When the diploma is handed them at the closing exercises of their college work, they are so complacent they simply go forth and vegetate. These are the men who are responsible for the miserable failures and mistakes which disgust the thinking public. When one gets to the point that nothing more can be learned, it is time for a transformation, transfiguration or annihilation, and the latter is preferable.

The very fact that evolution is present in some form all the time is an evidence that there is a chance for improvement, but the complacency of many is a bar to advancement. It is an established and well-known fact that nothing is stationary; progression or retrogression must inevitably follow in the career of every one. Which side of the line will we elect? The new year is with us, and it is simply a matter of individual preference as to which side of the line we will be on at the end of 1906. No one can carry us along. If improvement is our aim, we will progress; but if complacency is a predominating trait of our character, the end of the new year will find us trailing along, probably distanced, but most assuredly outclassed.

Folz.

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### MEDICAL DISPENSING,

At a recent convention of the National Association of Retail Druggists, a resolution was introduced, but not adopted, which censured the dispensing doctor and advocated legislation against him.

We learn from an editorial in the *Western Druggist* for November that the entire delegation from Alabama, Illinois, Indiana, Iowa and Maine supported the resolution, while from Massachusetts, New Hampshire, Connecticut, New York and Pennsylvania the delegations were divided. All other States opposed. Then the *Western* editor had a fit.

The resolution urged the buckling on of the old legislative armor, and with sword and pistol of "special privilege" shoot the stuffing out of the ignorant and murderously inclined doctor who dares touch the dope to be handed out to the people. All of which leads the puissant

editor to remark: "It requires no great amount of logic or persuasion to convince the average mind that the right to diagnose, prescribe, dispense, and write the death certificate, vested in any man, is a menace to the safety of the people and to the welfare of the medical profession." This may be logic to the average vulgar mind, but to the educated mind it sounds — well, let us say "fishy."

After this warning note as to the danger and menace to society that attach to doctors who dispense their own medicines, the editor goes on to say:

"Scarcely a week passes that we do not read in the daily press of accounts where physicians have purposely administered a fatal dose, and where the discovery has been made only by accident. In how many thousands of cases, where the fatal draught is administered purposely or through ignorance or carelessness, has the fact never been discovered; the death certificate signed by the physician directly responsible for the death being carefully filed in the county records, and the only accusing witness — the patient — lying six feet under the sod?"

Now, verily, do we state, affirm and swear, if you like, that fewer deaths are recorded by the physicians who prescribe and dispense than by those who divide responsibility and (shall I say it?) graft with the druggist.

Eclectics and homeopaths have a very low death rate. It may be that some of these deaths are due to murderous intent, others to ignorance. But what would you? If those who connive with the druggist kill, or let us say, permit to die, say 'steen per cent. of their patients, how are you going to hold up the poor medical dispenser who loses a much less per cent.? The preponderance of evidence lies with the doctor who dispenses, hence medical dispensing should become universal instead of legislating the just man out of a part of his business.

To the druggist we might say, you're another, and if inclined to do so, fire a brickbat at him. He is a patent medicine vender, and chocks his windows full of every kind of nostrum he can get his fingers on in hopes he can make some money. He doesn't see the *logic* of advising the patient to consult a reliable physician. But all this is neither here nor there, for I am free to admit that the druggist has a right to sell his wares as long as he does not injure any one, and I hold him innocent until he is proven guilty. As a physician, I claim the right to handle my own gun, and shall not be adjudged guilty of murder until the discovery of a corpse and plenty of circumstantial evidence to show I did it. If the sick would rather seek advice from the druggist than the physician, then I say let him, and it is no concern of mine. If the doctor feels that he ought to dispense his own medicine and the patient is satisfied, then it doesn't concern the druggist, or ought not.

The majority of druggists are honest, conscientious gentlemen, and liberal, too, as witness the fact that only a few could be found at the convention above mentioned voting for a resolution which sought to interfere with the rights of men. Some are not so honest and some are not gentlemen. Some sophisticate and some substitute. Some have been known to commit murder and all sell patent medicines, but is that any reason why druggists should be prohibited from selling legitimate drugs according to their ideas of fitness? If a man asks a druggist for a chill tonic, I say sell it to him, if Uncle Sam will pass the bad whisky in it. Why not? That is what he wants, or he wouldn't ask for it. It would perhaps seem better if the druggist were to advise the would-be purchaser to consult a physician as the best way out of his difficulty. But he don't.

I want to say here and now that medical dispensing made possible the splendid success of the Eclectic school of medicine and lowered the death rate remarkably, which fact ought to bring the blush of shame to the cheeks of the man who, through mercenary motives, would endeavor to legislate out of business the doctor who refuses to divide responsibility and his fee with every man who poses as a pharmacist.

There are a great many physicians, both old and new, who are finding out that the best success lies in dispensing their own medicines, and they will continue to do it, too. Whoever tries to legislate the dispensing doctor out of business will find it to be a long, hard pull. It is well enough, however, to give a warning note, for efforts will be made to influence legislation to that end, and it is well for us to scrutinize closely the doings in the legislatures of the different States.

STEPHENS.

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## OSTEOPATHY.

It is a rather humiliating fact that no American has, so far, taken a Nobel prize. Since the creation of the Nobel Foundation — which awards five \$40,000 prizes annually, one to each individual who shall have made the most important discovery in chemistry, physics, physiology and medicine, or who has produced the greatest work in idealistic literature, and has done most in the promotion of peace — twenty-four persons (all Europeans) have carried off prizes.

Nearly a year ago the *Independent* called attention to this fact, and hinted that America was not too inchoate to produce worthy contestants for the Nobel prize. The suggestion was received at its par value by the osteopaths, and they are zealously putting the founder of osteopathy forward as a deserving candidate for the prize. So far Dr. A. T. Still, founder of osteopathy, is in the lead. Whether this has depended more on the zeal of his promoters than on the intrinsic merits of osteopathy

may be a question. If the osteopaths push their contest under the claim that they have made the largest contribution toward general medicine by virtue of a tremendously valuable anatomico-physiological discovery, they *may* stand a chance. If they seek to enlarge a single idea into a complex and comprehensive system of *ideas*, i. e., if they try to magnify a detail into a general, they will come to ignominious grief. Osteopathy is *not* a system of medicine; it is one *branch* of the healing art. The osteopaths are one-ideaists, just as truly as are the Schueslerites, the Eddyites, the viavists, the magnetic healers, the hydropaths, the mental healers, etc. There is a class of people born into the world with a sub-monistic mental diathesis. To these a single fact is made to account for all its related facts, forgetfully of the equality of action and reaction between ideas. These people infallibly become one-ideaists.

Osteopathy accounts for about all diseases on the nerve-pinch theory, and this pinch occurs in 99 per cent. of the diseases between the vertebrae of the spinal column. It has always depended on a subdislocation of a vertebra. The remedy consists in reducing this dislocation. On this simple fact Dr. Still erects an entire medical system.

If his system is true, it is a mistake that phthisis has any relation to heredity; that typhoid has any dependence on contaminated water; that smallpox, measles, etc., are conveyed by infection; that gonorrhœa and syphilis result from impure contact, etc. To give his theory the semblance of consistency, he would have to demonstrate that the anticipatory possibility of these diseases is capable of squeezing the intervertebral nerves. Even then the nerve feature would be secondarily related to the disease.

If Dr. Still *has* made a substantial contribution to pathology and physiology, and bases his claim on this single fact, all fair-minded people will wish him success.

COOPER.

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### SOME BONE LESIONS.

The general practitioner, especially in country districts, where he is often confronted with cases of minor surgery, should be provided with a few bone instruments, including drills and burrs such as dentists use, with a stout holder or handle into which they can be inserted for use, provided with a thumb screw for securing control. More or less frequent occasion for such an instrument is sure to arise. In soft tissues the hypodermic syringe or exploring needle can be used to confirm diagnosis of suspected abscess; but abscess may occur in bony cavities, in which case the needle is not available. Besides, in the soft tissues the abscess may be spontaneously evacuated, even if a diagnosis is not

made, whereas death often results from pus confined in solid bone walls, which might easily have been prevented if proper measures had been taken to evacuate it. While many able medical men are stoutly maintaining that germs have no etiological importance, practically all surgery is based on the opposite hypothesis. These micro-organisms are small, but active and aggressive. They must be pursued and destroyed by the surgeon with a vigilance and persistence equal to that which an energetic and wise housewife displays in protecting household garments and furs from moths.

As at present advised, we infer the presence of certain micro-organisms wherever we find pus. Our work consists largely in penetrating all barriers protecting and screening them, to the end that they may be routed and destroyed. In prosecuting this work it is often necessary to penetrate bony walls.

Extension of purulent disease of the middle ear to the mastoid cells produces mastoiditis, a very painful malady, which may become chronic, with necrosis of bone, and great impairment of the general health, even if more serious abscess of the brain does not result. Death is not uncommon in such cases. It is an easy matter in such cases, after shaving and cleansing the surface, to raise a horse-shoe flap of the integument over the mastoid process. If any fistulous openings are visible on the surface of the bone, they will be enlarged with burr or drill. Two good apertures are secured. Then inject  $H^2 O^2$  until the abscess cavity is well cleansed. Irrigate freely and frequently with an antiseptic wash until the suppuration ceases.

If this treatment is instituted before severe otitis is set up, a cure speedily ensues. If the case has been neglected until periostitis and otitis have resulted in caries and necrosis of bone, of course a more extensive operation will be required.

Pyemia of the antrum of Highmore is not so frequently seen, but is by no means uncommon. This cavity is in the superior maxillary bone. The infection may be due to a suppurative rhinitis, or to carious teeth. The normal opening is beneath the middle turbinated bone. It is generally supposed to be a purulent catarrh. A purulent discharge from one nostril should raise a suspicion of abscess of the antrum. The walls are thin and easily penetrated; but, as they are rigid and can not contract and close the cavity, as happens in abscess of soft tissues, more persistent and longer continued treatment is required to complete the cure. A sufficiently large opening at the lowest point or base of the antrum is necessary. This may be made above the dental arch, over the second molar, a little back of the canine fossa. Drainage will be necessary.

Still more important is an early diagnosis of otitis and osteomye-

litis when the medulla is involved. Such cases are often mistaken for rheumatism. The pain is severe, often accompanied by muscular spasm. The long bones most frequently affected; joints not involved as in rheumatism. When symptoms point to infective osteomyelitis, life will be saved if radical surgical treatment is resorted to in time. The bone drill, made to pierce the medullary canal, and a few drops of Hydrogen dioxide instilled, will decide the question. Other conditions will arise also, which will suggest employment of the drill, including different forms of bone tuberculosis.

CHURCH.

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### HAMAMELIS.

The leaves of the Hamamelis Virginica should be gathered in the autumn. The bark of the smaller branches as well as of the root are also used (Hale). The plant belongs to the natural order, *Hamamelidaceæ*. It is commonly known as witch-hazel, snapping hazel-nut, or spotted alder. It is a native of the United States, growing in damp woods.

A chemical analysis of the plant shows it to be rich in tannin. It also contains a bitter principle in small quantity as well as an oil. The therapeutical properties claimed for it are, tonic, astringent and hemostatic.

In describing the drug, Bartholow says it has no more medicinal value than that which belongs to any agent rich in tannin. Johnson, on the other hand, says: "Its activity is greater than can be reasonably attributed to the percentage of tannin it contains. It is conceded by most unprejudiced observers that its sphere of action is upon the vascular system rather than upon the venous. Its influence upon the venous system is as decided as aconite upon the arterial. This influence upon the venous system is acknowledged by all observers. Its sphere of action, then, being upon the venous system of blood vessels, it is the remedy for venous congestion, dilatation, paralysis, and rupture of the coats of the veins.

There are three conditions in which we have found hamamelis especially of value. They are epistaxis, hemorrhoids and prolapsus ani. In the first named condition it seldom fails me. In young people subject to nose bleed, which condition is usually due to congestion, we think only of witch-hazel for a permanent cure. The prescription is: Dist. Hamamelis, Simple Syrup aa. q. s. oz. iv., teaspoonful three times a day.

Hemorrhoids are usually accompanied by congestion, which condition, though oftentimes a secondary one, is benefited by this agent, even though not always permanently cured. In prolapsus ani we know of no better internal agent. We are accustomed, however, to use it

topically as well as internally in this condition. We have also used it with benefit in hemoptysis, when due to congestion, the result of chronic cardiac affections.

Being so effective in these conditions, we can see no reason why it would not be as effective in hemorrhage from other organs, as hematemesis, hematuria, purpura and uterine hemorrhages, when we have congestion of the venous system as the leading condition. In fact, it is recommended by various writers for these conditions, and we have personally used it with excellent results in hemorrhage from the bladder and kidneys.

Topically, it has been a favorite family remedy as long as memory serves us, for sprains, bruises and painful inflammatory swellings.

Its specific indications and uses are: Venous debility, with relaxation and fullness; pale mucous membranes or deep-red from venous congestion, with relaxation; passive hemorrhages; varicosis; hemorrhoids, with fullness of the capillaries; congestion and tendency to hemorrhage; relaxed and painful sore throat; dull aching pain in the rectum, pelvis or generative organs; congestion of venous vessels where distributed, either to the skin or mucous membrane. The keynote to all this seems to us to be venous stasis and congestion, with a tendency to hemorrhage.

Dose: Sp. hamamelis, five to sixty drops. The distillate is used in the same sized dose.

MUNDY.

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## THE REST CURE.

There are four factors in the problem of the rest cure: The rest for the patient; where the patient can rest to the best advantage; the physician who treats the patient, and the methods used to control and restore the patient to health.

Rest is a necessary pause in nature. The earth is placed at an angle to the sun, so that all nature may rest during the change of seasons, as well as the rotary change which gives us the day for activity, and night, with its boon of darkness, for rest. The well person must take short rests many times each day, and the sick must rest for a season in order to recover from diseased functions, or for the repair of an injury. With acute diseases and injuries, the physician and the patient both agree on rest as a part of the means of cure. But with the lesser ailment with slight pain, there is in many cases a difference of opinion. The physician recognizes the need of rest, while the patient declines or refuses to take rest, because of the loss of time or an anticipated pleasure.

Proper rest at an early period in even apparently slight sickness would cure a great per cent. of those suffering from chronic diseases which fill our institutions. It is evident that all patients who do not



make average improvement with proper treatment, while trying to work and get well at the same time, should stop work, take rest, and give the doctor and nature a fair chance to assist them to recovery, if that is possible.

When convalescence is not satisfactory, where to rest becomes the important question. At home is surely the place with the great majority of cases. But many can not rest at home, and others will not. When well people take rest, they go on a trip or an excursion. But either of these would exhaust a sick person, and a visit does not bring back health. It is to this class that a sanitarium offers relaxation and relief. They are built and especially equipped for sick folks. The physicians, the nurses, the employees and the patients are all an organized band of willing workers for the care of the sick. Here rest, with properly selected diet, which often means full feeding, and the indicated remedy, gives comfort and results that can not be secured at home for want of proper control of the patient. Control is often half the battle. The regulations of an institution are usually respected by patients and their friends, and regular habits, when established, is a long step towards improvement.

The physician in a sanitarium must take a deeper hold on his patient than the family physician can possibly do in his short daily visit. In the institution he must think for their control and direct their every movement, while the nurse does the work for them. Regulated rest brings relaxation that can not come under the tension of responsibility at home. No home cares, no children, no visitors to dine and entertain, but instead the society of others, who are also resting, without pressing tasks to be done. The same medicines which failed at home will cure here in the mental atmosphere of repose.

Rest should not be overdone. Massage and exercise should be as carefully regulated as the doses of medicine given, and as nature re-asserts herself with vigor and retiring functional habit, exercise and normal thought and activity should be increased to the natural. The over-rested and hypochondriacal need the sanitarium and the physician's care and guidance, with separation from home surroundings, as badly as the exhausted and the sick, and a change of environment brings back health to both classes.

Many weak patients are exhausted by too much treatment, and are overdone by frequent applications of the modern mechanical apparatus devised for the treatment of the chronic sick. Rest is nature's remedy.

MCMILLEN.

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### DR. HENRY WOLGEMUTH.

The death of Dr. Henry Wohlgemuth, November 11, at his home in Springfield, Illinois, removes another staunch member of the National Eclectic Medical Association.

Dr. Wohlgemuth graduated in the Eclectic Medical Institute of Cincinnati in 1854. He was an active, aggressive member of the National Association, above the average type, and it was always a pleasure to meet him at every annual convention. The writer has always enjoyed the pleasure of the meeting for a third of a century. Peace and love to the soul of the old vanguard.

RUSSELL.

# GENITONE

**GENITONE**—a rational adjunct to the non-surgical treatment of certain disorders of the female reproductive organs.

It acts also as a tonic to the muscular fibres of the uterus, regulates the intra-uterine circulation, overcomes catarrhal conditions and predisposition to uterine hemorrhage,

Genitone is of special value in amenorrhea, dysmenorrhea and menorrhagia. It is also successfully prescribed in ovaritis, salpingitis, subinvolution, and in threatened abortion

Genitone may be safely recommended as a uterine tonic and regulator, not only during the period of menstrual activity, but also when the approach of the menopause gives rise to various aberrations of uterine function and reflex morbid manifestations.

Dr. J. W. F—— reports the case of a patient who had previously aborted four times, and who, at the third month of pregnancy, presented every evidence of miscarriage. He prescribed Genitone every two hours until the symptoms subsided; maintained the treatment for four days, when the interval was lengthened and the remedy finally omitted altogether. "The patient progressed satisfactorily, and at full term was delivered of a healthy child."

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Viburnum Prunifolium... 8 gr.      Senecio Aureus ..... 5 gr.  
Anemone Pulsatilla ..... 2 gr.      Aromatic Cordial ..... q. s.  
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# THE ECLECTIC EWS

## A MONTHLY NEWSPAPER

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No. 1.

### BOOK NOTICES.

**Biographic Clinics.** Essays concerning the Influence of Visual Function, Pathologic and Physiologic, upon the Health of Patients. By George W. Gould, M. D. Volume III. Philadelphia: P. Blakiston's Son & Co. Price, \$1.00 net.

Within the last fifteen years the study of the influence of eye affections upon the general system has progressed rapidly. The most important factor is asthenopia either muscular or visual, and only within a few years has the importance of visual imperfections been appreciated. That there is much to be learned, and that the extensive nerve centers are not fully determined, is unquestioned, but it is certain that with the number of earnest investigators, it will be only a comparatively short time before much definite knowledge on this subject will be obtained.

The distrust of many as regards the claims made by specialists is not unnatural, as the myopic views of some of the writers has led them to credit practically all the ills of the human race to some defect in the organism they are directly interested in. In this volume the views of many conservative workers are given, and the results of their investigations are dispassionately but directly explained, so every one can readily understand the conditions leading to the conclusions.

Although intended more especially for the specialist, the book is one that can profitably be read by the general practitioner, for it will enable him to make a better diagnosis in many of the obscure conditions frequently encountered.

K. O. F.

**A Manual of Diseases of Infants and Children.** By John Rubrah, M. D. 12mo, 404 pages, illustrated. Philadelphia: W. B. Saunders & Co. Flexible leather, \$2.00.

Dr. Rubrah's book is just what it purports to be, a manual. Covering considerable ground, it is of necessity exceedingly brief; so much so in some instances as to make it questionable whether or not its value

to the student has not been destroyed. For instance, the treatment of acute arthritis of infants is summed up in the single word, "Surgical." Malaria : "Quinine is a specific," followed by some directions so as to make it palatable. In other instances the single word "Symptomatic" is used. The chapter on Infant Feeding is full and practical. The many references to pediatric literature is a valuable feature.

Two features of the chapter on Therapeutics commend themselves to us. They are : "Never give a dose of medicine without a definite indication." "Give small doses, often repeated, as a rule, in preference to larger doses at longer intervals, unless there is some special reason for the latter proceeding." The subject matter is certainly direct and concise to a fault. The book maker has not failed in his part of the work.

W. N. M.

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**Neurotic Disorders of Childhood.** Including a study of auto and intestinal intoxications, chronic anemia, fever eclampsia, epilepsy, migraine, chorea, hysteria, asthma, etc. By B. K. Rachford, M. D. Cloth, \$2.75. New York : E. B. Treat & Co.

The above title gives a clear and concise idea of the contents of this work of about 400 pages. It is divided into two parts. Part one consists of a series of papers originally appearing in the Archives of Pediatrics, but carefully revised for this work. They bear upon the etiology of the neuroses. This portion also contains additional chapters upon gastro-intestinal toxemia, auto-intoxications, and chronic systemic bacterial toxemias.

Part two deals with the individual neuroses. We have carefully read the entire work, and the thought that strikes us most forcibly is, that the work is written for the purpose of embodying the preconceived ideas of the author on the etiology of the neuroses, as set forth in part one. The work is, however, interesting ; the etiology and symptomatology are good, the treatment meager and stereotyped. In treating enuresis the author speaks of aromatic tincture of rhus when evidently tincture of rhus aromatica was intended. The most interesting and instructive chapter is that devoted to the report of cases showing the relation between migraine, recurrent vomiting, and epilepsy. W. N. M.

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**Memoranda of Poisons.** By T. H. Tanner, M. D. 16mo, 177 pages, cloth, 75 cts. Philadelphia : P. Blakiston's Son & Co.

This is the tenth revised edition of this standard work, by Henry Leffman, M. D. Without materially increasing its size—a handy pocket—new matter on formaldehyde poisoning and antidotal methods for snake-bites have been added. Modern chemical nomenclature has been used, and obsolete terms dropped.

J. K. S,

# The One External Remedy for Winter-Bred Diseases

**What Does the Word Libradol Mean ?**—The word is fanciful. It was created as a title for the pharmaceutical preparation to which it is affixed and was never known preceding the introduction of that remedy. Of one thing it is well to be assured, namely, that :—

**Libradol Is Not** a glycerin poultice ; it is not a clay mixture designed to act as a poultice, nor is it an imitation of any known mixture or compound.

**What then is Libradol ?**—A sixteen-page pamphlet, descriptive of its composition, history, pharmacy, and qualities will be mailed free to physicians desirous of knowing what Libradol is. Space is not sufficient here to describe it in detail.

**What Will Libradol Do ?**—It will relieve pain where other external applications fail to have any influence whatever. Try a leaf of paper spread with Libradol where poultices or other external mixtures do not give relief. Note its prompt, quick action in croup, as well as in painful parts.

**What Advantage has Libradol Over a Poultice, be it Hot or Cold ?**—The weight of a poultice is unbearable in many cases of acute pain and is even dangerous as a weight on the chest in pneumonia. Libradol has no such fault. It needs no artificial heat because it is stimulating enough in itself. Spread as thin as butter on a sheet of paper or on the skin, Libradol relaxes the tissues, quiets the angry nerves, and by its soothing influence produces restful sleep. And yet, Libradol contains no opium or cocaine. The question has been asked,

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**Who Uses Libradol ?**—It is an established remedy and employed only by physicians. Libradol is not a "home cure" nor is it advertised to the people.

**To What Affections is Libradol Applicable ?**—The sixteen-page pamphlet on Libradol gives the reports of physicians who use it in pain diseases, such as Asthma, Cough, Croup, Lumbago, Pneumonia, Rheumatism, and pain generally. A thousand or more physicians have written enthusiastically concerning its value in "winter-bred diseases" where prompt relief is necessary. For such, Libradol is unquestionably the most effective local application and the quickest in action.

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**The Practitioner's Visiting List** (Heretofore known as the Medical News Visiting List) for 1906.

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One of the spiciest little journals that comes to the Secretary is the **American Medical Journalist**. It contains many very readable articles, and its last issue seems to be chiefly directed against the various transactions of the American Medical Association, especially against the Journal. We rather think that there is a great deal of truth in what it has to say, and advise all who wish to know both sides of the question to read it. It is published by D. A. O'Gorman, of New York.—*Journal of the South Carolina Medical Association.*

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We have just received from W. B. Saunders & Co., of Philadelphia, the widely known medical publishers, an unusually attractive illustrated catalogue of their complete list of publications. It seems to us, in glancing through this catalogue, that a list of the Saunders authors is a census of the leading American and foreign authorities in every branch and specialty of medical science. In the presentation of facts about the books listed that a probable buyer wishes to know, and also for beauty and durability of mechanical get-up, this catalogue is unsurpassed. It is truly representative of the house. We understand a copy will be sent free upon request.

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Beginning with the January issue, the Alkaloidal Clinic will hereafter be called the **American Journal of Clinical Medicine**. The publishers write us that it will be considerably enlarged in its scope, and will cover the various methods of therapy, surgery, chemistry, massage, electricity, etc. It will still be edited by Drs. Abbott and Waugh, of Chicago.

---

Lee Brothers & Co., of Philadelphia, announce for early publication a work entitled **Food in Health and Disease**, by Dr. R. E. Williams.



## COLLEGE AND SOCIETY NOTICES.

### Section Officers, National Eclectic Medical Association.

**PRACTICE OF MEDICINE.**—Chairman, Wm. P. Best, Indianapolis, Vice Chairman, E. G. Sharp, Guthrie, Okla. Secretary, Geo. A. Doss, Atlanta, Ga.

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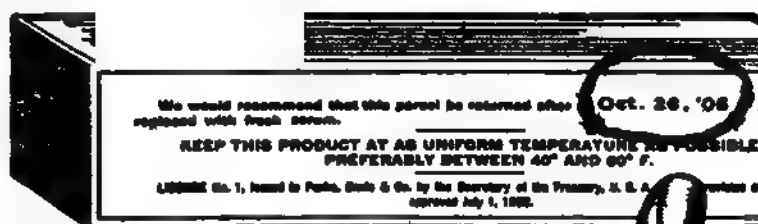
**NOSE AND THROAT.**—Chairman, George W. Johnson, San Antonio, Texas. Vice Chairman, Kent O. Foltz, Cincinnati, O. Secretary, Edward C. Trowbridge, Chicago, Ill.

### T. A. E. Notes.

**BRETHREN:**—This is the first time I have taken advantage of our "fraternity page" to greet the brothers, past and present. This fraternity page idea is a good one, and I hope all will strive to make it of interest and value to ourselves. We older men conceived the idea, but the credit belongs to succeeding generations of our order for bringing it into being. There has been no backward step, and it is with pleasure that the Greeks who have bid farewell to their alma mater note the signs of progress on the part of those who are keeping bright the fires at the shrine of the Delphian oracle.

In the way of news I will say that I have made a change of location from Columbus to Dayton. There is no city in the State where Eclectics and Greeks are better represented than in Columbus; and it was with deep regret I bid good-bye to Taylor and Sherman fellow Greeks, and Williams, Postle, Cole, et al—all good friends and true. But here I find Wuist and Otto, and other good Eclectics, and feel assured of pleasant days to come.

To those who know Brother U. C. Coe, now in Bend Crook county, Oregon, I will state that I had the privilege and pleasure of enjoying his hospitality during a sojourn in the "wild and woolly," the past



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summer. Dr. Coe is doing wonderfully well under some trying conditions, and has already achieved a wide and envied reputation in Eastern Oregon.

In closing I would say that I enjoyed a delightful visit from your worthy chronicler last month. Such meetings between brother Greeks emphasizes the multitudinous pleasures, the offspring of that true fraternal spirit. Very truly and fraternally yours,

CHAS. W. BEAMAN, Post Chronicler, 2223 E. Third St. Dayton, O.

Bro. G. R. Miller, M. D., class of 1901, was shaking hands with the professors and the boys Dec. 12. He was on his way home from Chicago. Dr. Miller is located at Amos, W. Va., where he has a flourishing practice.

We are very thankful to Bro. Beaman for his good, encouraging letter. May this inspire other Greeks to do likewise.

D. E. BRONSON, Chronicler.

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### **E. P. Fraternity Notes.**

Bro. R. E. Sawyer, M. D., class of '05, our former President, is located at Bokchito, Ind. Ter., and reports an excellent practice. Success is our wish.

Bro. W. W. Wimer, M. D., passed the Texas State Board, and is now located about 30 miles north of Dallas.

Bro. C. E. Johnson, M. D., class of '05, is located at Berlin, Ky., has purchased a fine house, and is doing well.

Bro. C. Fred Kyser, M. D., '05, is located at Colorado City, Colo., and with J. F. Willard, E. M. I. '85, has charge of the Emergency Hospital, of that city. On October 30, 1905, he married Miss Annie Viola Shackelford. Success and congratulations to them.

Bro. P. L. Jones, M. D., '05, passed the Kansas State Board, and is located at Leavenworth, Kansas.

Bro. H. C. Hart, M.D. '04, is located at Russiaville, Ind., and reports doing well.

Bro. Robert A. Elliott, M. D., '05, has formed a partnership with W. C. Copess, at Alger, O. They own a large drug store, and he reports a prosperous business.

The fraternity will be glad to hear from all the boys. Success to all of you.

W. H. H. SCHROCK, Reporter.

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### **College Y. M. C. A. Notes.**

We are having an excellent bible class under the auspices of the College Association. The class is led by Rev. Don D. Tullis, of the Poplar Street Presbyterian Church, this city. He is an able leader, and has his subject well in hand.

The text used is "Studies in Old Testament Characters." There is enrollment of 18, and the committee urgently requests others to enroll. The class has doubled its membership from last year.

The Missionary Committee is preparing to take up the study of missions. The text prepared by the International Y. M. C. A. Student Missionary Committee will be used as a guide for study.

After the holidays we are expecting a visit from a member of the Y. M. C. A. State Evangelical Committee. Do not fail to hear him. At the beginning of this new year let us as students resolve to be more active

in this work, more regular in attendance, more zealous to make the year 1906 the most successful in the history of the Association.

D. E. RAUSCH, Itemizer.

The North Texas Eclectic Medical Association was organized last June, and held its second quarterly meeting Nov. 23d, at Bonham, Tex. Dr. H. H. Blankmeyer, of Honey Grove, is President, and Dr. C. W. Watson, of Lannius, is Secretary.

We are in receipt of the minutes of the forty-fifth annual session of the Eclectic Medical Society of the State of New York, held in New York City, Jan. 11 and 12, 1905.

## PERSONALS.

**Information Wanted as to the Practical Lives of the Blind.**—Dr. George M. Gould, 1722 Walnut street, Philadeldhia, will be grateful for any trustworthy information as to the methods which have been devised by the blind in overcoming their disability or in gaining a livelihood. Accounts of such lives, anecdotes, references to literature, etc., will be appreciated.

Wm. L. Leister, M. D., E. M. I. '84, who was formerly located at Rogers, Ark., has returned to his old home at Oakland City, Ind. He will continue to act as assistant editor of the American Medical Journal of St. Louis.

**Locations.**—Good location in northern Ohio, town of 1100; three railroads and one traction line. For particulars address, with stamp, box 196, Creston, O.

Good country location, town of 400., good surrounding territory. An active young Eclectic would do well. For particulars address, with stamp, Dr. J. S. McGlasson, Hoxie, Kans.

## READING NOTICES.

**THE ANTISEPTIC BABE.** BY EDNA KINGSLEY WALLACE.

We can sterilize his bottles, we can boil his little mug;  
We can bake his flannel bandages and disinfect the rug  
That envelops him when he partakes of medicated air;  
But there's one impossibility that leaves us in despair—  
And a not unjustifiable one, you will allow—  
To wit: we fear 'twould never do to sterilize the cow!

So we feed the baby Medicus's hygienic dope,  
And we wash his face with germicidal antiseptic soap;  
And we brush his little toofums, or the place where they will be,  
With diluted Glyco-Thymoline, most sanitari-lee;  
Then despair to see a milky effervescence supervene  
On a countenance which theretofore was surgically clean.

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Thus, although we strive to conquer every septic circumstance,  
Yet we greatly fear a ghastly alimentary mischance ;  
For albeit we bake and boil his things, scrub and soak and souse,  
As if in his anatomy forever cleaning house,  
The recklessness with which he sucks his vagrant, tiny thumb  
Imperils much his precious little antiseptic tum.

We are careful of his hours, we are thoughtful of his toys ;  
We are mindful of his sorrows, and judicious of his joys ;  
We are prayerfully considerate of needful discipline,  
Of our little "Mother's Handbook" and the precepts writ therein ;  
And we strive to render sterile all designed for mouth or tum,  
But one frightful danger menaces—we cannot boil his thumb !

—Harpers' Magazine, Aug., 1905.

---

### **Ethics in Proprietary Medicines.**

A well known medical writer in the New York Medical Journal has recently called the attention of his confreres to a difference in proprietary medicines. He has corralled off the sheep from the goats in a generic way, so that even the skeptic may specifically recognize the good from the bad in things proprietary. Some who may have before presumed that no good could come of anything not formulated by themselves, will no doubt be surprised to learn from this ethical physician, speaking to ethical practitioners, that "with firms of standing the best drugs are used, the published formulas reliable, and the methods of compounding above criticism or reproach. Further, it is for us solely to determine clinically with the use of their products in suitable cases, what effects we obtain." Happily Vin Mariani has been so long before the medical profession that it is known and recommended the wide world over for just what it is represented—a combination of Erythroxylon Coca with a sound-bodied, nutrient French wine.—Coca Leaf.

---

**Thousands of persons** make their living through various blackmailing schemes. One of the most common is to threaten physicians, surgeons and dentists with prosecution for alleged malpractice, unless a sum of money, ranging from a few dollars to several thousand, is paid to them. These schemers often make out a case which sounds so plausible that the accused, while innocent, realizes that if pushed he would have the trouble of defending himself, and rather than have the expense and annoyance of a lawsuit he usually pays.

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# THE ECLECTIC JOURNAL

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No. 2.

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## Original Communications.

### BAPTISIA TINCTORIA,

By John William Fyfe, M. D., Saugatuck, Conn.

Baptisia is a most reliable drug, and when clearly indicated produces results which are unmistakably curative. While it is not, in the general acceptance of the term, an antiseptic, it certainly possesses the power of arresting the progress of putrefaction in living organisms and restoring such living bodies to a normal condition. It is a vital stimulant, which acts in a peculiar and powerful manner. It not only improves the circulation in weak and apparently dying parts, but it also exerts an influence which makes for normal activity in all the tissues involved, and whenever indicated effects a gentle stimulation, certain invigoration, and marked improvement in nutrition. It is not a remedy for irritation, and its use should, therefore, be confined to low states of the system, such as are found in asthenic fevers, typhoid fever, scarlet fever, erysipelas, indolent ulcers, sloughing inflammation and putrid sore throat.

Baptisia was extensively employed by Dr. Wooster Beach, the founder of the Eclectic school of medicine, and it has ever since occupied a prominent place in Eclectic materia medica. In his *American Practice*, Dr. Beach spoke very highly of Baptisia, and classified it as an astringent, antiseptic, stimulant, emetic and purgative. He advised its use in "inflammatory affections bordering upon gangrene, syphilitic ulcers, malignant and ulcerous sore mouth and throat, mercurial sore mouth, sore nipples, chronic sore eyes," and many other similar affections.

As an alterative Baptisia has few equals, and it is, therefore, an efficient remedy in all wrongs of life in which such influence is required. In all diseases of the glandular system it is one of our most reliable remedial agents, and in septic derangements it is often essential to a

rational treatment. In diarrhoea, dysentery and inflammation of the bowels, as well as in all diseases exhibiting a tendency to putrescency or typhoid conditions, it fills a place of the greatest importance. In typhoid fever, especially when the face has a dusky appearance, and the mucous membranes are not dissimilar in color, the exhibition of Baptisia lessens the frequency of the pulse, lowers the temperature, modifies irritation of the nervous system, improves the condition of the skin, lessens diarrhoea, and otherwise improves the condition of the patient. The late Prof. J. M. Scudder recommended Baptisia in all septic conditions which cause a deep red or violet discoloration of the mucous membranes, with a brown or dark shade, and especially when there is a foul breath, with a tendency to ulceration; and I have often found these indications — these disease expressions — to be safe and reliable demands for the exhibition of this medicament. Cases of continued fevers are numerous, in which a typhoid condition constitutes a complication of the gravest nature, and one which will many times promptly yield to small doses of Baptisia.

A case to which I was recently called will, to some extent, illustrate the positive and efficient action of this drug. The temperature was very high, the pulse frequent, and there was diarrhoea, and also a considerable abdominal soreness and pain on pressure. The face had a very dusky appearance. I prescribed as follows:  $\mathcal{R}$  Specific Baptisia, gtt. xx.; water,  $\mathfrak{z}$  iv.; teaspoonful every hour. With the exception of turpentine and sweet oil — one part of the former to three parts of the latter — applied to the abdomen, Baptisia was the only remedy employed, and the patient made a complete recovery in seven days.

Baptisia constitutes a medicament of superior merit in ulcerative inflammation of the stomach and bowels, and, in fact, in inflammation of any of the internal organs when there is evidence of ulceration, gangrene or mortification. In dyspepsia, accompanied by an atonic condition of the stomach with acid eructations, griping pains and looseness of the bowels, the evacuations being frequent, small and offensive, it is a most useful remedy. In many cutaneous affections, small and long-continued doses of Baptisia act in a curative direction. Its emmenagogue properties are very energetic, and of value in the treatment of amenorrhoea and vicarious menstruation, and in leucorrhoea it constitutes an efficient local as well as internal means of relief. In pneumonia and chronic rheumatism it is many times useful.

Locally, Baptisia is a favorite remedial agent in erysipelatous ulcers, ulcerated sore mouth and throat, ulcerations of the cervix uteri, otorrhoea, sore nipples, mammary and other abscesses, and in all affections having a gangrenous tendency.

The dose of specific Baptisia (or a good fluid extract) is from one to ten drops, but it is usually employed as follows:  $\mathcal{R}$  Baptisia, gtt. x to xx.; water,  $\mathfrak{z}$  iv.; teaspoonful every hour.

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### SOME RECENT EXPERIENCES.\*

By Charles A. Dewitt, M. D., Atwater, Ohio.

When Dr. Mock asked me to prepare a paper for this meeting, I thought I would refuse, as I know that others of larger experience can present more interesting papers. From the work of the past few months I have picked out a few cases as the basis of this paper.

The first case I would call your attention to was that of a man aged forty-four, who had complained for several days of headache, nose bleed, indigestion, diarrhoea, and feeling weak. On examination I found a temperature of 102 2-5, pulse 90, some tenderness across abdomen, and slight gurgling sensation in right iliac region. Gave history of chill that morning.

My diagnosis was typhoid fever. A few doses of castor oil cleaned out the bowels thoroughly, then put him on Echinacea, two drachms to water four ounces, a teaspoonful of the solution every hour. For the fever, cold sponging. Diet, principally milk, with an occasional change to beef tea.

The case was so far from my office I only saw it once a day, and the people were too ignorant to trust with a thermometer.

The next day I found the temperature 101 4-5, pulse 82, and noticed a few red spots on the chest. For the dry tongue, inclined to crack, I gave a turpentine emulsion, which also relieved the tympanitic condition. At different times a little blood was noticed in the passages, but as it was not regular or severe, no medicine was given directly for that condition.

About this time, in the same neighborhood, I was called in to see another case, a man of eighty-four years old, who presented symptoms of typhoid. It was my first and only case of typhoid in a person of that age.

In these two cases my main dependence was Echinacea, and it did not fail me, for they made a fine recovery in about four to five weeks.

About three weeks later I was called to attend another case, a girl, aged fifteen years, who had been sick about five days, and treated by another doctor. The symptoms were of typhoid. The day I saw the case the temperature was 102 3-5, pulse 124.

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\* Read before the North-Eastern Ohio Eclectic Medical Association.

About this time, in reading the *Chicago Medical Times*, I ran across a paper from a doctor in Texas, and he claimed that rectal injections of permang. potass., one grain to the quart of hot water every six to ten hours, according to the condition, would take the terror from typhoid. As other treatments had failed to make any impression on the case, I thought I had a first-class case for trial.

I also gave Echinacea, as I did not feel safe without it. At 11 A. M. the first injection was given, and repeated every six hours. I saw the case next day at noon, and the temperature was 100 2-5, pulse 104. Treatment continued. Next day called at 11 A. M.; temperature 101, pulse 108, which was the highest point the temperature or pulse reached under the treatment. Each day the temperature dropped some, and in three days the temperature was normal, pulse 82. In all, I made ten calls on the case.

One more and I am through with this class of cases.

A young man, book-keeper in Pittsburgh, had been sick there about a week, when he returned to his home in Atwater. When I first saw him, his morning temperature was 102, pulse 118. A history of his symptoms led me to the diagnosis of typhoid. Ordered injections of the permang. solution and gave Echinacea internally. That evening the temperature was 104 1-5, pulse 126. For the first twenty-four hours did not get much results, but the next twenty-four hours showed a lower temperature and pulse, and it continued dropping nearer normal until in four days the temperature was 98 2-5 and pulse 80. The treatment then consisted of tonics, careful feeding, and with good nursing he made a fine recovery.

While I have not given the permang. solution an extensive trial, for typhoid has not been common with us the past season, it may prove to be a valuable remedy in this disease.

Last summer I was called to attend a young lady, age twenty-two, who had been complaining since spring of not feeling well. The mother informed me she had broken out with a bright rash four days before, but as she had taken cold, it had gone back, and the evening before had reappeared. Questions failed in finding out just where it appeared first. Temperature 102 3-5, pulse 100, respirations 20, slight headache, very restless, strawberry tongue, sore throat.

The eruption was in patches and slightly papular, urine scant, bowels moving fairly good, anæmic condition of skin by pressure.

My diagnosis was scarlet fever. The only history of possible exposure was that a couple of weeks before she had attended a party at a house where the winter before they had had scarlet fever.

My prescription was Sp. Aconite, Belladonna aa gtts. 5, water oz. 4, a teaspoonful of the solution every hour, the skin to be sponged with

warm water. I took some urine to the office for examination; Sp. Gr. 1024; color dark, and albumin.

The next day put a scarlet fever card on the house, and for a while the parents were warmer than the patient. On examination of patient, found temperature 102 2-5, pulse 100, respirations 20; bowels had moved good, but urine was less. The condition of the patient gradually grew worse, and in a little over a week she died. Consultation was held with a Homeopath and his treatment tried, but nothing helped.

Three days before she died a brother, eighteen years old, began complaining. Slight chill; temperature 100 2-5, pulse 90, respirations 19; headache; eyes red. I held off about making a diagnosis until the eruption appeared, which it did the evening of the third day, and first on the face, slightly elevated; I called it measles. I will state here that we had a few cases of measles scattered through the township. With the exception of the mother, the family claimed to have had scarlet fever and measles a few years previous, according to their former doctor. The mother had the two diseases when she was very young.

As the rash on the boy extended over the body, it formed part of circles. The eighth day from the beginning of his sickness the eruption was fading on the face.

The day ~~after the brother was taken~~ sick, a sister sixteen years old ~~was taken~~ with symptoms similar to the ~~brother~~, and in this case on ~~the~~ chest and arms a distinct scarlet rash appeared; she also had the strawberry tongue.

In a day or so the father was taken sick; age, fifty-two. On the fourth day the rash appeared on the face, somewhat elevated, and gradually spread over the body. On the chest the rash looked like measles, and in places like scarlet fever.

In this case I consulted with an Allopath doctor of twenty years' experience. He said it was a hybrid, and that in his experience he had ran across two or three such cases.

I'll confess I did not know just what I had to contend with. My treatment was entirely symptomatic, and all three recovered.

One of the many things that puzzles the young practitioner of limited means and depending on the good will of the people for work is the subject of quarantine in some of the contagious diseases. A great many of the general public can not be made to believe it is necessary, and with such people the doctor finds himself in a somewhat similar position as Pat, who had come over to America with the expectation of finding money lying around loose, only waiting for some one to pick it up. Pat had soon become disillusionized, and was always glad to get hold of odd jobs which would net him a little something to help him keep body and soul together. Finally becoming tired of the struggle,



he decided to end it all, and was very industriously tying a rope around his waist when his landlord happened in on him. After watching him curiously for a few minutes, he asked: "What's up, Pat? What are you trying to do?" "Troyin' to choke meself, av course," was Pat's answer. "Choke yourself? You can't do it that way. You'll have to put the rope around your neck." "Sure, an' I thried that way, but I couldn't breathe."

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### HOW SOME NEW IDEAS AFFECT THE DOCTOR.

By W. B. Church, M. D., Cincinnati.

Modern altruism impels to efforts to preserve life above everything else. Some degree of interest is manifested in matters relating to securing good, natural physical endowment, but far greater to provide the best possible conditions and needed assistance for those unfitted to cope with life's requirements. There is a very general disposition to resent the Darwinian law, which insures "the survival of the fittest," with widespread and increasing determination to rally to the rescue of the physically and morally unfit.

It is hard to kick against the pricks, and, in the long run, natural processes of evolution are apt to prevail over the best directed efforts of human endeavor.

The influence of heredity is of such paramount importance that frequent suggestion is made in medical journals that the State should place such restriction on marriage as to exclude those persons likely to transmit serious constitutional defects, should apply to the human animal the principles of intelligent mating which have proven so successful with lower animals, giving us such superior horses, cattle, sheep and hogs. One State at least has already enacted some tentative legislation on this line.

While it is easy to see that, if this suggestion was carried out, a great advance would be quickly made toward stamping out destructive diseases, and eliminating degeneracy and crime, it is not likely to receive serious consideration in the immediate future.

Legislators will regard it a Utopian idea, and their efforts, at least for some time, will be devoted to consideration of means and measures for dealing with conditions and individuals as they exist. So, as physicians, we will for an indefinite future time coöperate with those who are intent on supplementing the defects and weaknesses of humanity. This is only saying that we shall continue, as we have from the beginning, to regard human life as sacred, to be conserved by all possible means and resources. So also now, as always heretofore, absorbing

and perennial interest attaches to any and everything which concerns the prevention of disease, and the early recognition, as well as the most effective methods of combating it.

A further peculiar characteristic of the physician is his readiness, even eagerness, to share with his fellows any new discovery or accidental revelation increasing his efficiency. From the earliest times people have expected, and practically required, that the doctor should be a philanthropist. No eulogy of a departed physician was complete that did not make special mention of his equal readiness to minister to rich and poor. He answered all calls, and gave freely of his time and skill in all cases, even when he knew there was no hope of fee or reward.

There is a disposition, especially among recent graduates, to regard such extreme unselfishness with feelings akin to contempt. Still, in the medical journals and societies, emphatic protest is made against putting medical practice on a strictly commercial basis. The problem seems to call for a solution that will secure financial returns without dispelling or diminishing the illusion of charitable motives.

It could hardly be expected that the business of treating sick and injured people would be overlooked in the prevailing tendency to the formation of trusts and combines. That it has not escaped there is abundant evidence in the great increase of fraternal organizations which offer inducements to secure members, containing two attractive propositions: First, a policy of life insurance, payable after death. Second, medical and surgical attendance at nominal cost during life, including family.

Factories and corporations also are inclined to extend the monopolistic principle to everything which concerns them, in some cases contracting directly with a physician; the choice not based on his qualifications, but altogether depending on his being related, either directly or by marriage, to a prominent official of the contracting company. Notwithstanding ridiculously low fees, the position of company doctor becomes a sinecure, because it secures all the business. Sometimes a species of insurance company contracts with the factory to employ the doctor and look after the employees. Then the company deducts from each employee's pay a certain sum for sickness or injury. Like some other kinds of insurance, this is said to net good profits.

The moral to be drawn from it all by the prospective doctor relates to the advantage which being well connected offers over all other qualifications.

More or less persistent effort has been made by physicians in different localities to prevent any of their fellows accepting such positions. These efforts have not usually been altogether successful, but ordinarily it has left an unworthy remnant from which to select. This has, in a

measure, worked to defeat the object aimed at by the combinations. For when the company doctor proved notoriously incompetent and objectionable, many employees would refuse his services and employ an outside physician at their own expense. Financial considerations, however, in a class not too well paid outweigh many objections, and the effort to abolish company contract practice is not very promising.

The domain of the doctor has been considered to include the care and treatment of all who fall sick or become injured in his immediate vicinity. This has been most encroached upon by the spirit of humanity that is so much in evidence, and that finds its favorite field in providing eleemosynary institutions.

To enjoy the exercise of one's charitable impulses and have the expense met by the State appeals to a numerous class; and, at least so far as medicine and surgery is concerned, it seems not unlikely that the State will soon take over the whole business. In most of the States universities are maintained by taxation. The advantages conferred are in large part confined to the well-to-do, but there is little disposition to question the policy of using public funds for such purposes. In connection with the medical department of these State universities, hospitals are maintained, where medical and surgical treatment, with nursing and board, are provided for all applicants, either gratuitously, or on terms that make yearly extra appropriations a necessity. More and more the doctor sees cases that would formerly have been a part, and the best part, of his clientele taken off his hands, and he is not only deprived of the privilege of caring for them, but is assessed with other citizens to support the institution by which he is superseded. In the larger cities eleemosynary hospitals are provided with wide-open doors, and it has become so much a matter of course to send all cases of sudden illness or injury to them that doctors no longer count upon an occasional emergency case to eke out the modest income.

The application of trust methods to different lines of business has thrown thousands out of employment. No one expects any modification of those methods on this account. It is regarded in much the same light as a disaster produced by fire, or flood, or other forces of nature. Those left floundering after the wave passed over them have, for the most part, quietly sought new fields of activity, or in some way made an effort to adapt themselves to the new conditions.

We also must of necessity expect the sphere of our activity to be affected, and must expect to bear the consequences of such changes and upheavals as are involved in the working out of man's destiny on the earth.

**[NEPHRITIS—PATHOLOGY AND DIAGNOSIS.\***

**By W. K. Mock, M. D., Cleveland, O.**

In the pathogeny of the kidney we have an organ which has probably been studied more than any other. Being an emunctory organ, removing so much deleterious material from the system, so essential is its normal function for the welfare of the economy that it behooves us to acquaint ourselves with every departure from normal with a view to its preservation. Ranking in importance inferior to only the brain, heart and lungs, its entire cessation to act causes death more rapidly than anything else except the failure of one of the other three organs.

The kidney is prone to disease, and, in the language of Meigs, "It changes with the progress of years as surely as wrinkles come in the faces of the aged." For the purpose of study, a convenient classification of nephritis is: acute and chronic parenchymatous nephritis, and acute and chronic interstitial nephritis. The pathological changes are characteristic in each type, but it must be remembered that frequently one form merges into the other.

In order to get a clear understanding of the pathology, one must have well in mind its histology. By looking through the microscope, there, an entire section of a fetal kidney will be seen, showing the relation of the Malpighian capsules and tubules to the cortical and medullary substance.

In acute parenchymatous nephritis there is an inflammation of the tubules and glomerules, with occasionally an additional interstitial inflammation. The morbid anatomy varies with the stages and severity of the disease. The organs are swollen, sometimes to double their size, are congested, red in color, and feel softer than normal. The capsule is smooth and loose, and strips easily, without dragging any of the parenchyma with it. On section, the cut surface is smeared with a dark-red or chocolate-hued blood, and on scraping, it will be seen that the vessels are injected, and between them it will be pale, or a yellowish hue. The Malpighian bodies will appear as dark red dots.

Microscopically, blood-casts or hyaline casts of the uriniferous tubules are often found *in situ*. Casts are moulds of the uriniferous tubules, the composition of which is not positively known. However, they seem made up of a fibrinous and gelatinous substance, to which the more solid contents of the tubules adhere, and which designates the kind of casts. Thus, if the casts are shed without any substance adhering, clear, they are known as hyaline. If the epithelium of the tubules adheres, epithelial casts, and if the particles of degenerated epithelium adhere, then they are known as granular casts. Blood-casts are formed by the extravasated blood into the tubules. And, by the

way, their presence in the urine is the only positive evidence of renal hemorrhage. Fatty casts are those which are studded with fat drops. Pus-casts are those covered with pus-corpuscles or leucocytes. In chronic parenchymatous nephritis, and especially in chronic interstitial nephritis and amyloid disease, there is found a peculiar, solid, transparent cylinder, highly refractive, colorless, occasionally serpentine, which is known as waxy cast. Casts covered with bacteria have received the name bacterial casts.

"A microscopical study of the urine in nephritis is of extreme diagnostic importance, as by it only can be discovered what form of kidney disease exists; and very often a correct judgment of the nature and extent of the process can be ascertained from such an examination."—McFarland.

In true acute parenchymatous nephritis few alterations outside of the glomerules and tubules are present. If the field of inflammation is confined mostly to the Malpighian capsules, it is known as glomerulonephritis, and is the result usually of scarlatina or diphtheria. Should it be extensively spread, the inflammatory products fill the capsular space, choking the glomerule, thereby suppressing the secretion of the urine. If this condition extends throughout the cortical substance, the patient dies of uremia. But should the lesion be not so extensively spread, the urine will be diminished, of high specific gravity, dark in color and rich in albumin. Microscopically, there will be found blood cells, renal epithelium, pus-cells, blood-casts, epithelial, and later granular casts.

When the disease is essentially in the tubules and their secreting cells are destroyed, should it be extensive, there will be retention of urea, and the condition becomes as critical to the patient as in suppression of the urine. Compensatory elimination by the alimentary apparatus occurs, and usually there is vomiting and diarrhoea, with every evidence of auto-intoxication.

Chronic parenchymatous nephritis differs from the acute form in that its insidious onset and symptomatology are so mild in the early part of the disease that it is indeed hard to fix a time when it began. It is progressive, and scarcely ever recovers, but terminates fatally in acute exacerbations or changes into chronic interstitial nephritis. It must be borne in mind that there is no perfectly true form of chronic nephritis, and that it derives its name from the condition which predominates. The essential lesion in this form of nephritis is chronic degeneration of the parenchyma, and later progressive increase of connective tissue. And thus it is, in the former we have the large white kidney, and in the latter the pale granular, contracted kidney.

In the large white kidney the organ is greatly enlarged and soft, its capsule strips easily, dragging with it, here and there, part of the cortical substance. When incised, it will be found that the cortex is thickened and varies in color, sometimes uniformly yellowish, sometimes mottled, and sometimes alternately striped with grayish-yellow or yellowish-white. There is degeneration of the epithelium of the glomerules and uriniferous tubules, and also in the endothelium of the blood vessels. There is round cell infiltration in the interstitial connective stroma. The glomerules are destroyed one by one, and the relative tubule becomes atrophied, the connective tissue increases, and the large white kidney is slowly transformed into the pale granular, contracted kidney.

The urine varies at different stages of the disease. During the active stage, or in acute exacerbations, when there is dropsy, it becomes scanty, high colored, sometimes bloody, is acid, of high specific gravity, and is albuminous. There is an abundant of sediment, consisting of urates, granular and fatty casts. The latter, fatty casts, are characteristic of this form of nephritis. There is also fatty epithelia from the kidney, blood-cells and pus-cells. As the disease progresses and the kidney becomes more and more atrophied, the urine is nearly normal in amount, low in specific gravity, less albumin and less sediment, which consists largely of fatty elements and waxy casts.

Acute interstitial nephritis has of late years been given classification, although there is not sufficient clinical evidence to recognize it during life. It is usually of hematogenous origin, as in infectious diseases, but may result from inflammation due to pyelonephritis. The micro-organisms generally associated with it are the pyogenic cocci, pneumococcus, and the typhoid and colon bacilli. The bacteria are carried to the kidney as emboli, the invasion of which causes round-cell infiltration in the peri-vascular tissue. It may be that the resulting damage will be overcome, or the pyogenic process may continue and the entire kidney be transformed into a sac containing pus, which is known as surgical kidney.

Chronic interstitial nephritis is a slow degenerative process, in which the secreting structure is gradually destroyed and replaced with connective tissue, which ultimately causes the contraction of the entire organ. It is characterized clinically by an increase in the quantity of urine of low specific gravity, with little or no albumen and very few tube-casts, of which the pale granular, hyaline and waxy only are found. The kidney in this form of nephritis is small, dark red in color, firm in texture, and coarsely granular upon the surface, hence the name sometimes of red granular kidney. Both kidneys are simultaneously affected and are very much reduced in size. The surface is uneven or nodular,



the capsule thickened and more vascular than ordinary, and strips with difficulty, dragging portions of the cortical substance with it. The intervals between the irregular prominences are occupied by cysts, which vary from the size of a pin-head to that of a pea. When incised, it will be found that the cortical substance is very much reduced, sometimes appearing as a mere rind, while the medullary portion, with the exception of some atrophy, shows little change. The minute examination of the cortex clearly reveals the change to consist in the overgrowth of connective tissue, with the destruction of the tubules, glomerules and blood vessels. This does not take place alike throughout the kidney. Wherever the connective tissue is abundant the tubules and Malpighian capsules are obliterated. Here and there greatly dilated spaces will be found, which eventually form cysts. Whatever the destructive agent, whether due to intoxication or arteriosclerosis, the process is the same. As before said, the disease progresses irregularly and is of long duration. There is invariably associated with it hypertrophy of the left ventricle of the heart.

The glomerules are destroyed one by one, the neighboring ones carrying on compensatory work, until at last the kidneys fail to rid the system of the toxic material, and the patient dies of uremia.

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### MY EXPERIENCE IN THE APPLICATION OF SPECIFIC MEDICATION.\*

By R. E. Colglazier, M. D., Rush Center, Kans.

Although young in the practice of medicine, I will say the results of my experience and observation in the application of Specific Medication have been very interesting and satisfactory. In fact, my confidence is so firmly established that when I administer medicine to a patient, I know I will get results, if the case is amenable to medication at all. Confidence comes through knowledge of facts. Experience is our best teacher. Through the researches of therapeutists, medicines have been classified and individualized as to their affinity and physiological action on certain tissues and organs. It is with great admiration I look upon the works of Ellingwood, Goss, King, etc. They have given us the key to the storehouse of their interesting efforts, with an invitation to partake to our heart's content.

When I am called into the sick-room, the first thing I do is to note the most prominent symptom, the condition of the skin and circulatory system. Also take the temperature. I give the indicated sedative,

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\* Read before the Kansas Eclectic Medical Association.

aconite or veratrum, and, in addition, I never forget to prescribe the prominent remedy for the prominent symptom. As a rule, the moment you step into the sick-room you can see a definite indication for a remedy in the general condition and expression on the face. In order to avoid confusion and increase chances for error, do not look for and try to isolate every little symptom, but go after the big fellow direct, and the little fellows will disappear like magic. It would be as reasonable to try to destroy a tree by clipping the end of its twigs, as to combat disease by fooling away time on every little symptom and applying the whole materia medica. Go after the body of the tree, go after the roots with the proper implement, and you can expect definite results.

Another indispensable adjunct to the successful practice of medicine is a uniform, absolutely reliable laboratory product to dispense. I feel certain Lloyd's and Merrell's tinctures are leaders.

It is useless for me to say anything regarding the specific indication for each drug, as every up-to-date Eclectic is familiar with them. The following is a list of remedies I use most extensively: Aconite, veratrum, echinacea and echafolta, macrotys, gelsemium, belladonna, ipecac, bryonia, hydrastis, apocynum, asclepias, collinsonia, phytalacca, baptisia, avena, passiflora, pulsatilla, rhus tox, cannabis, nux vomica sticta, thuja, viburnum, apis, drosera, chionanthus, ergot, lobelia, amygdalus, mitchella and sod. sulphite.

I use a great deal of echinacea and echafolta. It is an indispensable article with me. In septic conditions flattering results are obtained. In carbuncles, boils and syphilitic conditions echinacea can not be excelled. In burns it works like magic. Doctors, try echinacea internally in small-pox, and when pustules mature, apply externally a fifty per cent. solution of echafolta. You can not help but be pleased. In dressing septic wounds I apply echafolta and then dust the wound over with powdered pix-cresol. It surely does the work. In tonsillitis try aconite, ipecac, phytolacca and echinacea. In spasms or convulsive conditions do not forget passiflora.

Doctors, have you tried pix-cresol in gynecological and obstetrical work? If you have not done so, give it a trial. In case of rattlesnake bite do not forget echinacea. Inject hypodermically into wound and give internally. It will do the work; I have given it a practical test.

In regard to Specific Medication, we know certain pathological conditions produce certain symptoms. If a remedy, when applied, relieves those symptoms, it certainly acts directly on the cause that produces the symptom; therefore, that remedy certainly must be a specific for that particular condition. Any Eclectic doctor who does not get results either makes a mistake in his diagnosis or uses an inferior drug, or both. Be sure of the potency of your remedy by buying the best on the market;



constantly strive to improve in diagnostic skill, and instead of the application of Specific Medication being freakish and uncertain, you will have astonishingly definite results, thereby constantly securing your confidence and laying a permanent foundation for success.

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### PARISIAN MEDICAL CHIT-CHAT.

Translated by T. C. Minor, M. D., Cincinnati.

To speak of ice at 90° in the shade seems strange, but Pliny, the naturalist, dispels all doubts on its ancient use in the following words. In his XIX. Book, our author complained of the monstrous excesses of his time, and the fact that gourmands were common. He observes that what was called *cardron* (?) was forbidden the tables of the poor, and reserved only for a luxury for the rich. He adds: "Aquæ quoque separantur, et ipsa naturæ elementa vi pecuniæ discreta sunt. Hi nives, illi glaciem potant pœnasque montium in voluptatem guiæ vertunt. Servatus alior æstibus *excogitaturque ut alienis mensibus nix algeat*. Decoquant alii aquas; mox et illas hiemant."

That, translated into English, may be read: "The waters even are clarified, and the very elements of nature are reserved by the power of money. Some drink snow, others ice. The mountain streams are transformed into mouthfuls of enjoyment. Ice is preserved for the heat of the summer. They know how to freeze snow in the scorching hot months. *They boil water, and change it to ice a moment afterwards.*" This is not to say that "*decoquant alii aquas; mox et illas hiemant,*" may not be translated in some other manner.

But why did the Romans boil their water before freezing it? Yet they knew how to sterilize it centuries before Pasteur was born. So, after all, there is nothing new under the sun. By ebullition, perhaps, they thought to drive out the latent heat from the water they froze.

Coupin has finally published (1904) his latest work on "Original Plants." It is a most beautiful book by the well-known naturalist writer, who is known as a competent observer. It is illustrated with numerous plates giving the *history of vampire plants*, that is to say, plants of a carnivorous kind. It also deals with *parasitic plants, sacred plants, giant plants* (Sequoia, Baobabs, etc.), monster plants, with dropsy, plants that have motion, perfumed plants, explosive fruits and flying seeds, symbolic vegetables, thirsty plants, plants giving milk, butter trees, fantastic mushrooms, etc. It is a work that should delight the soul of such lovers of nature as Professor John Uri Lloyd and his talented brother and son. Those who have seen the work all seem to praise its merits, if one is to judge by the glowing praise of the book.

An excursion that is rarely undertaken in Greece, inasmuch as it is a difficult, long and painful trip, is a visit to Epidaurus, the land of Æsculapius. Unfortunately, too, but few remains of the grand temple erected to Æsculapius exist, save a few noble columns, where, once on a time, was the magnificent ivory statue of the ancient god of medicine, "represented seated, one hand holding a staff, the other touching a serpent's head," according to Pausanias, who has left a description, and whose words one must take on trust. "Near the sanctuary of Æsculapius was the *tholos* (?), the sacred spring from whence flows the water that purifies all the ills of humanity. Only a circular crypt of this very ancient structure remains. The *tholos* also served as a place for the keeping of the ancient medical records. There the afflicted sick went and invoked the god of medicine, addressing him in songs of praise, and offering gifts at his altar."

For several years past Dr. Carradias has been exploring the ruins of Epidaurus and the Temple of Æsculapius, and has published an archæological work. Some of the ancient carved inscriptive plates have been brought to Continental Europe. One of these plates plainly evidences the fact that neither medicine nor therapeutics, properly speaking, were ever practiced in the Temple proper. It was a place for the worship of a medical god, the immortal Æsculapius.

From all the prescriptions that Æsculapius dictated in the mysterious night, in dreams, to his patients, we must conclude that he was a great hygienist, and laying all charlatanism aside, that what he taught his disciples, the physicians of Rhodes and Cyrene, the high priests of ancient medicine, they only made cures by the application of very, very simple hygienic rules.

When a cure was obtained, they thanked the god, in his Temple, and gave gifts to the medical high priests, who served the altar. The Temple contained many metallic pieces, representing broken limbs and malformations that were remedied; numerous clay and porcelain portraits of cures made were found, renovated noses, eyes, ears, mouths, etc., showing that Æsculapius followed all the specialties, as well as being a general practitioner. Oh, that mystical Æsculapius and his numerous followers, in reality the Æsclepiadæ, Hippocrates and the later Galen, forgot more than the whole medical world prior to their time had ever dreamed of knowing of the healing art. The New Testament doctors, like St. Luke, should at least have mentioned Hippocrates, but seem never to have heard of him.

It has recently been pretended that Joan d'Arc was only a legend, and that she never really existed. This is the claim made by the same school of skeptics who deny that the immortal Shakespeare ever made

a play. Meantime, one can easily follow, from 1380 for fifteen generations, the descendants of the father and mother of the Maid of Orleans, ennobled in 1449 by Charles VII. The family, moreover, exists at the present day.

The branch of the family Haldat, issue of the marriage of George Haldat, Captain in the army of Charles VIII., with Catherine Dulys, daughter of Pierre, brother of Joan d'Arc, is extensively spread throughout Lorraine, and in this eminent family may be found ecclesiastics, magistrates and soldiers. These people belong to the better class of Nancy in particular, and a distinguished physician, Dr. De Haldat (1770-1852), invented the *hydrostatic apparatus* of Haldat. This member of Joan d'Arc's family blood was born on December 24, 1770; was licensed as a military surgeon in 1793; was professor of Anatomy, Physiology and Physic at Nancy, and practiced medicine in Strasburg in 1803. He was the author of a number of medical works, and as late as 1852 published a work, "A Philosophic Treatise on Magnetism." The Boucher family and the Romer family of France are descendants of Joan d'Arc's brother Pierre, and therefore of the same noble blood.

Dr. Delemanche, having asked the "*University of Paris*" for its impressions of Japanese students, has received from Dr. Revou, who was for many years a professor at Tokio, a lengthy letter, from which we abstract some interesting observations. As will be noted, Japanese students present some altogether remarkable characteristics, that we, putting our national vanity aside, might profit from.

"I shall commence," observes Dr. Revou, "by remarking that a characteristic trait of Japanese students is, they are students who really study. This is tradition among them. More than one of these young men follow the ancient example of the Chinese student who, too poor to buy oil, worked by the light of glow-worms. I myself saw, not ten years ago, in an interior village in Japan, a student working by means of a cage of glow-worms suspended over his table, and serving as a lamp. To-day you will see many students in country villages studying at night, their only light being poor little lamps held in their hands close to the leaves of their books. This eagerness to learn and this intense willingness to study is another curious characteristic of the youth of Japan. It is impossible to imagine more attentive classes than those in Japanese schools. All hang breathless on the lips of the teachers, noting each phrase attentively, jotting down the lecture with feverish pencils, and never missing a word of the lecture from beginning to end; and when a lecture is finished, the best students always crowd around the professor, asking him to clear up any point they have not perfectly comprehended, after which the least proficient students form a circle around the teacher, and in their turn ask for more information.

"For my part, after seven years of teaching at Tokio, I was always in fear that my pupils would overwork themselves. I sought in vain to persuade several to cease studying so hard. One of them died and a number went crazy. On the burial of one of these students, a comrade advanced to the grave and simply pronounced this eulogy on the deceased: '*Thou art dead for the sacred love of science. Let us not fail to imitate thy noble example.*'"

"One of these students, after an unmerited rebuke from his teacher, came to the school and said farewell to his professors, dressed in a robe of immaculate white. He then announced his intention of committing *harikari*, or Japanese suicide. The professors thereupon met, and finding him determined, gave him a diploma of honor.

"All of this goes to evidence the fact that the Japanese makes a model student. He has a tenacity of purpose and a heroic determination to learn, even if he goes to the point of insanity.

"Neither the exercise parks of the schools and universities nor the regattas and public games, in the festival times when the cherry blossoms bloom, or at the season of the chrysanthemum, hold in check this intense ardor for study. It is a frightful sight, this crowd of overworked Japanese students in spectacles, old before their time and predestined to consumption. Long before they enter the University they accomplish hard courses of studies in the Lyceum, where they learn their '*humanities*,' like the Chinese students. After this they go to High Schools, that alone give access to Faculties. Here they spend four years, studying several European languages, and in addition the principles of the particular science they intend to follow in after life. Students in Japan are, as a rule, much older than in Europe. Many of them marry and have families, and finally, when they are licensed, they only obtain their *doctorate* after six years more of study in the highest branch of the University. Compare this mighty effort of thirteen or fourteen years with the five or six years of the French *doctorat*! The Japanese student is not a scattering scholar; he is a deep thinker, and ponders at length over all the complexities of the most abstruse program. In the Lyceum the pupils always rebel against a poor instructor, or a teacher who is manifestly unjust. In such cases the whole class retires, and will not return until the teacher is removed, or some satisfaction obtained. If shown they are in the wrong, the pupils acquiesce in admitting their error.

"At the University, however, such difficulty is rare. The three thousand students at Tokio are devoted to their professors. There is nothing more touching than their affection for their masters. From infancy they are taught that antique maxim, '*Thy father and thy mother are heaven and earth; thy lord is like the moon; thy professor is the sun*'

*over all.*' The positive source of this poetic sentence they find concentrated in a proverb of only three words, all in honor of their old feudal society, '*Oudji yori sodatchi,*' or translated, '*Education far surpasses birth.*'

"The professors in Japan respond to these marks of respect by a no less refined politeness, and on all occasions treat pupils with the greatest courtesy. Their doors are ever open; their own families are barred out of their study rooms. The students are invited to many social reunions at the professors' houses. They all collect in the afternoons and visit the botanic gardens and museums of the University. They take long walks together. When evening comes, they all rest themselves at the University table. You will here see a Minister of Public Instruction, or a rector, to whom a student has offered a cup of rice on bended knee, rise in his turn and bow down before some bright young student with a charm of simplicity, offering the same curious tribute of love and respect. Again, the students join together and offer their most popular professors grand banquets, and showering many most delicate attentions on them. At the first students' banquet to which I was ever invited, I was astonished to hear the band play the *Marseillaise*, while a chorus of a hundred Japanese students sang the French national anthem as well as if they had learned it in Paris. When a Japanese professor starts for Europe, the railroad station is invaded by hosts of students, who shower flowers on the outgoing train, and indulge in great cheering. When a beloved professor comes to die, the whole student class is in a state of most profound desolation, and every man of them goes down in his own pocket, and all together they raise enough money, unto their last cent, to put up a handsome monument to the deceased teacher."

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### APPENDICITIS.\*

By J. C. Entz, M. D., Hope, Kans.

An acute inflammation of the vermiform appendix.

It is sudden in its attacks in most cases, but may also be several days in coming on. We may have constipation or diarrhœa, and we have no fixed rules as to which. In my personal experience I have had a history of regular bowel movements.

When the attack comes suddenly the patient will wake during the night, or while at work, with severe lancinating pains in the pit of the stomach, and not in the right iliac fossæ; his pain is not in paroxysms, but a severe lancinating pain, almost impossible to bear, with nausea and vomiting, at times. This pain will last from six to eighteen hours;

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\* Read before the Kansas Eclectic Medical Association.

if longer, there is danger of suppuration. During this time we have obstinate constipation. The muscles of the abdomen are rigid, and it is impossible to palpate the appendix at this stage. After the severe pains gradually subside, the patient's pain will shift to the right iliac fossæ and into the right testicle, and in some patients it will be impossible to pass the urine for several hours after the severe pains subside. You will now find pain on pressure over the appendix. Pulse will often be as high as 110 to 120. Temperature, in my experience, has never run higher than 102; but the temperature has not much bearing on the condition of the patient, as the most dangerous patients I have had were those with very little or no temperature at all, but with a high pulse rate.

Prognosis—Always guarded.

Treatment—When you are called to see the patient, be cool; relieve his pain with hot application, and do this yourself if you have no trained nurse; if you can not relieve the pain with the hot application, you will give your patient Morphine and Atropine hypodermically; do not trouble your patient with medicine internally during the pain. The medicine will not be absorbed in the stomach, and you get no effect from it. As soon as you have the pain relieved, begin with small doses of, say one-tenth grain, Calomel and Sodii. Bicarbonate, two grains every hour. This, in my experience, will move the bowels sooner than anything I have tried, and with better results. Do not allow your patient anything to eat the first two days except a liquid diet and hot water. This is one of the best remedies I have found in appendicitis. You need not fear that your patient will starve in two days, and if he is a little hungry, the better for him. Keep him in bed for three or four days after the attack.

Commence with toast and milk; he may have a soft-boiled egg. After the patient is safely over the danger of the attack, he will ask you what he shall do to keep off other attacks. You may carefully diet the patient, but statistics show that 75 per cent. will have the second attack, and 70 per cent. will have the third attack. It is these cases the country physician finds most troublesome. There are several kinds of treatment advised. The honest physician must select a treatment for his patient. I know of no treatment for recurrent attacks except to send them to the surgeon, unless you operate on them yourself.

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The best drainage should be afforded for all punctured wounds of the palm; suppurations in this region are very disagreeable, and are followed by severe consequences.

If possible, always tie each component of a kidney pedicle separately, not *en masse*.



**DRUG ADDICTION.**

**By W. S. Robinson, M. D., Nashville, Ark.**

The cure of drug addictions can not reasonably be expected by any plan of treatment which entails protracted suffering, like the reduction method. If you will free the patient from all toxic matters, disengage the portal system, narcotics can be withdrawn without shock, collapse or diarrhoea. My plan in something near two hundred cases of drug addiction that I have treated is to free the system from all toxic matter, neutralize the morphine or other opiates in the blood, and the cure has been comparatively painless.

I do not consider any drug patient cured so long as he takes a "tonic," or drug of any kind. He must be independent, physically and mentally, of all craving or desire for drugs, or I would not give a flip for the cure.

With a well equipped institution and the discreet administration of Hyoscine, any case of the "drug habit" can be cured permanently and without danger or pain. "Individualize your patients." Treat each case symptomatically as your judgment would dictate. Hot baths, proper massage and well regulated diet will bring your patient around cured every time.

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**Seton Hospital Reports.**

**PROF. L. E. RUSSELL, SURGEON.**

CASE 92.—Miss M., kindly referred to the Hospital by Dr. Smith. The patient has a "Mother Mark" extending from the back of the left hand to the elbow, in which the skin was as black as that of a colored person.

The history given by the patient, receiving the advice from her mother, was that her mother became frightened on seeing a colored man arrested and the hand-cuffs placed around the wrists, and when she was delivered of this child, the hand and forearm, as above suggested, were entirely black. We are removing this condition by the application of a 95 per cent. carbolic acid applied to the hand and forearm in liberal quantities until the surface is blanched white from the carbolic acid, and then placing the arm in the field of the x-ray, using about one-half of the power of the rheostat, exposing the hand to the rays for a period of ten minutes. She has now had two treatments, and the excessive black has entirely disappeared, and a cherry red condition maintains. This has reduced the discoloration fully 50 per cent., and underneath the epidermis new tissue is showing fairly well, so that I believe we shall, in a few treatments, entirely eliminate this lesion and

restore the hand and forearm to pretty nearly the normal color of the tissues of the skin on the rest of the body. I am not quite sure whether the carbolic acid is doing the act, or whether the combination of the carbolic acid and the x-ray is responsible for the removal of this "maternal impression." I have decided that we should use the carbolic acid for two or three treatments, and see if the scarring of the apertures will bring about the desired results without the use of the x-ray. If we should fail in this, I shall then continue the treatment of the x-ray with the carbolic acid, desiring, of course, to know the exact curative effects of each or either, or of the combination. One thing is certain, we are sure to remove the discoloration, and it may be that we are experimenting in a new field for the correction of this kind of blemish.

CASE 93.—Little girl one year of age, referred to the Clinic by Dr. C. N. Brown, Fairmount, Ind., on account of a double congenital deformity in the shape of cleft palate and hair-lip. It has been my experience, in the operation upon these deformities, that the little patient should be at least a year of age to withstand the severe shock which it must encounter in undergoing a surgical operation of this extensive magnitude on so small a human being. The method which I adopt in the correction of these deformities consists in cutting away the pre-maxillary bone, without any attempt of closure of the cleft palate, as these double congenital deformities are so extensive that in a child so young the cleft can not be corrected with any degree of success with safety to the child. We now take the periostetome on curved knife, and cut loose both wings of the nose and the attachment of the nose to the face on either side, so as to make the tissues freely movable without having any tension upon the sutures following the closure of the wound in its completion; in fact, the nose is completely liberated from its attachment to the anterior facial bones. A diamond-shaped incision is made through the median tissues, with the sharp point of the tissue extending down in the median line. This is also severed in such a manner that it can be folded back, making a bridge to hold up the central part of either edge of the wing of the nose; the sharp bistoury is now thrust through the edge of the wing of the nose, and the incision is extended downward through the lip to the vermilion border. Here the incision stops, and the two flaps that have been cut on either side of the lip turn downward and held in position with hartceps; the wound is now ready for closure.

In suturing of the lip, deep silver wire sutures are thrust entirely through either side of the lip, and as they are crossed and twisted, the flaps that have been turned down are held in position so that the raw surfaces closely approximate and fasten together with a suture, making



a bulging appearance in the lower part of the lip, which obliterates the "notch," which is so objectionable in other hair-lip operations by any other method. Four silver wires are introduced, the upper one through the outer edge of either wing of the nose closes the upper aperture, and with its closure the little diamond-shaped tissue is forced into the edges of the wound, and helps, by its tissue, to give the bridge appearance, holding upward the nostril in the completion of the operation. The wound is thoroughly washed, dried, and powdered with iodoform crystals. No other dressing applied. The wound is simply left open, so that the nurse can wipe away any discharge along the line of the incision and re-cover it with iodoform dust. These cases invariably make good recoveries, if all tissues are freed from tension by a liberal dissection from their attachments to the bony structures of the face.

CASE 94.—Miss A., referred to the Clinic by Dr. Schenk, of Ridgeville, Ind. Received a Colles' fracture of the right arm by being thrown out of a buggy some three months ago, and alighting on the hand and forearm. The doctor had been quite successful in setting the fractured bones, getting a result equal to the best; but neglected to correct the deformity at the wrist by the breaking up of the adhesions of the tendons that invariably follow these fractures, and oftentimes patients make bitter complaint against their surgeon because the hand and wrist are stiff and of little use to them. It has been my practice and advice for years to massage the hand and wrist, and to flex and extend and break loose these adhesions at the time of the removal of the splints, or within six weeks from the time the patient receives the injury. By this method of dealing with these cases, the surgeon can hasten the recovery of the case, and often avoid adverse criticism from the patient and friends, and lessens the chances of damage suits following this Colles form of accident. It is not necessary to place the patient under the influence of an anesthetic to break up these adhesions. Let the surgeon take the hand firmly in his own, and then grasping the wrist with the other hand, hold the forearm rigidly and bend the hand forward, breaking up the excessive adhesions in the flexes and extensors. Then holding the patient's hand in his own, flexing and extending the fingers until the adhesions are freely broken up in the hand and fingers. If this method is followed carefully every few days, much of the deformity will disappear, and the patient will be restored to a useful hand and arm much more speedily than where they are allowed to go untreated following the removal of the splints.

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If pus persists in the urine after an extirpation of a kidney for suppurative disease, it often means that the ureter is involved, and will require subsequent extirpation.

American Journal of Surgery.

**Monthly Retrospect**

—OF—

**ECLECTIC MATERIA MEDICA AND THERAPEUTICS.**

BY HARVEY WICKES FELTER, M. D.

HYDRASTIS AND BLACK HAW IN MENORRHAGIA.—Dr. Finley Ellingwood, (*Chicago Medical Times*, November, 1905,) after excluding local obstructive causes of menorrhagia and its mechanical treatment, says of the medicinal treatment that "two of the most valued remedies for continued use are Hydrastis, that 'old reliable' of the Eclectics, and Viburnum prunifolium. These two remedies, continued steadily for weeks, do more real good than all other agents combined, without much regard to cause." In this connection let us recall that Hydrastis was long ago used for disordered states of the mucous tracts by pioneers of both the botanic and Eclectic medicine, who were pre-eminently good clinicians and sound therapeutists. It is true that it was not recommended for menorrhagia particularly, but it was the great remedy for weakness of mucous tissue with fluxes, and was reputed "to strengthen the circulation" in them, and to "overcome hyperæmia." It is remarkable how much valuable therapy the old-time Eclectic evolved from mere bedside observation, without the aid of laboratory methods and physiological investigations, now considered so necessary to arrive at therapeutic facts. The wisdom of their observations was later confirmed by physiologic investigations by members of the dominant school, who showed that certain alkaloidal salts of Hydrastis exercised a marked control over the vascularity of the female genital mucous tract, and thereby proved excellent remedies for hemorrhages therefrom. This laboratory confirmation was valuable, and an acknowledgment of the prior claims of the older Eclectics concerning the effects of Hydrastis on the nervous system and mucous tracts, on the part of the old school in their regular treatises on materia medica, would have been an act of grace appreciated by all lovers of truth, of whatever creed. Hale in America cheerfully and freely gave the Eclectics such credit, and Hughes in England noted its therapeutic origin among the American Indians and the botanics.

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LOBELIA.—Dr. Finley Ellingwood (*Chicago Medical Times*, November, 1905,) writes a good editorial on the therapy of Lobelia, in which special citations are given, bearing mostly upon its anti-spasmodic effects. Besides this, he gives the specific symptomatology. Among the conditions in which it is of special importance are fecal impaction and hernias, in which it should be given a fair trial before more radical measures are taken. Its quick action in infantile colic is cited. In our own hands it has proved one of the best of remedies for this distressing condition. Dr. Ellingwood does well in reproducing Dr. Bosk-

owitz's practical conclusions in a paper presented at the national meeting in St. Louis two years ago, wherein he recommends Lobelia — first in biliary colic; second, in spasmodic urethral stricture, using the tincture locally in order to relax the spasm sufficiently to allow the passage of the bougié; third, in certain forms of dyspepsia; and, fourth, as a healing lotion for whitlow and felons.

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**RHUS POISONING.**—Dr. W. R. Fowler, (*Modern Eclecticism*, October, 1905,) in reply to calls for favorite prescriptions, reports uniform success in Rhus poisoning, from the use of:  $\mathcal{R}$ .—Lead Acetate  $\mathfrak{z}\text{iv}$ ., Carbolic Acid  $\mathfrak{z}\text{ss}$ , water q. s.  $\mathfrak{z}\text{iii}$ . Mix. Sig.—Apply frequently and freely. Dr. Andrew J. Mann (*The Eclectic Review*, October, 1905,) uses the following as early as possible after exposure:  $\mathcal{R}$ .—Lead Acetate  $\mathfrak{z}\text{ii}$ ., Dilute Alcohol  $\mathfrak{z}\text{xvii}$ . Mix. Sig.—Sponge the affected parts with this solution every three hours. These are both good lotions, and should be remembered against the time of their need. The lead salt and carbolic acid have both been employed for years, and it was but a few years ago that V. K. Chesnut reported that the poisonous principle was the non-volatile oil toxicodendrol, and that alcohol was the solvent and antidote for it.

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**SANTONIN.**—The peculiar adaptability of Santonin in urinary disorders has made of it a frequent remedy in the hands of Eclectic doctors. Dr. J. W. Fyfe (*The Eclectic Review*, October, 1905,) recalls its worth in the "relief of the irritation, pain and scalding sensations in the urethra which are experienced by some women during and immediately after micturition." Students who sat under Professor Locke will recollect how frequently he referred to this specific action of Santonin. "It is also a very useful remedy where there is retention of urine in the advanced stages of acute diseases of children." The foregoing and the direction to use Santonin in the anuria of the new-born recall the direct and forcible teaching of Scudder concerning this valuable remedy.

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**SULPHUROUS ACID.**—The tendency among physicians, even of the Eclectic school, and among those who have attended Eclectic colleges in the later years, to be non-specific in the selection of drugs, is well illustrated in the article on "*Facts in Medicine*," by Dr. C. D. R. Kirk (*Modern Eclecticism*, December, 1905). A recent case of typhoid fever attended by him presented the general indications for an antiseptic treatment. Echafolta and other remedies known to meet well-known indications were given upon "general principles" only. They failed to yield results. In fact, the case grew worse. A more thoughtfully specific course was followed when a more direct method than that of "general principles" was adopted. The case revealed basic indications.

They pointed directly to a long known specific remedy. The *red tongue with dirty coating* unmistakably appealed for sulphurous acid, and when Specific Sulphurous Acid was given, rapid improvement was the immediate response. This illustrates forcibly the value of a close and discriminating diagnosis. The case was not one for echafolta, echinacea, baptisia, or sodium sulphocarbolate, all good remedies, but here clearly not indicated. When the whole field of medicine shall be covered by direct indications, as were here presented by sulphurous acid, then will the practice of medicine be greatly simplified.

We can not stop even here with the medicine in question. The doctor should know his medicines, even as a mechanic knows his tools. In order to know them he must handle them, see them, taste them, and smell them. This is the best argument I know of in favor of the doctor dispensing his own medicines. Only good medicines can accomplish curative results. A medicine weak in value produces only relative or no results. The doctor should know that even the best preparation obtainable bearing the label "sulphurous acid" is liable to deteriorate and change, and he should know when such a change has occurred. Sulphurous acid may slowly absorb oxygen, for which it has an affinity, and become in part sulphuric acid; it may, by dissipation of its gas, become little better than water, and consequently inert. Let us, then, be watchful of our own. Use only a fresh preparation of sulphurous acid. The essentials of a successful practice are: First, a good specific diagnosis; secondly, a reliable medicine of known specific value.

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APOCYNUM IN SCIATICA.—New York City has what every large medical center should have, a Specific Medication Club. At a recent meeting of that Club (*Eclectic Review*) that splendid drug of Eclectic development, apocynum, was under discussion. Dr. William H. Heeve reported marked benefit from it in sciatica, after failure with many remedies. The classic indication — œdema at the ankle — led him to give it. This is not a common use for apocynum, though the indication is old and well tried. Dr. Heeve's success depended upon the recognition of the œdema, and not the sciatica, and this is what specific medication teaches. As a remedy for sciatica as such, the prescriber is liable to disappointment, but as a corrector of œdema he is apt to succeed in his direct prescribing. Some have given adverse reports to its action in sciatica, but we do not recall that they prescribed it when œdema was a concomitant symptom. Dr. Scudder called attention to it in his *Specific Medication*, some years ago, when he wrote: "Thus in rheumatism, if there is a tendency to œdema, even slight puffiness of the skin, or a peculiar blanched, glistening appearance, the apocynum will be found a valuable remedy." It is well to recall that at that time sciatica, now

regarded as a neuralgia, was frequently called sciatic rheumatism. In 1886, Dr. J. C. Kilgour, an Eclectic with a strong Homœopathic leaning, declared it a "decided anti-neuralgic, relieving sciatic, crural and lumbar neuralgias." Further discussion brought out the fact that small doses seemed not to increase the secretion of urine, as determined by Dr. Heeve, who carefully measured the quantity of urine passed before, during and immediately after administration. Dr. Boskowitz observed that he had noticed better diuretic effects from the drug when combined with magnesium sulphate.

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THE SEASON'S REMEDY.—In a few well-chosen words, Dr. Pitts Edwin Howes (*Eclectic Review*, December, 1905) editorially recalls the subject of the "season's remedy," familiar to those who in years past followed the editorials of Professor Scudder in this JOURNAL. It is an interesting fact, as Dr. Howes observes, that certain seasons present a preponderance of disorders having indications for a certain drug. He who recognizes such phenomena simplifies his daily work. This year Dr. Howes has found the peculiar dull, heavy ache, so indicative of macrotys, to be the most prominent and oftenest met specific indication. In looking back over our cases of other years, I doubt not that many of us can recall such season remedies. My memory brings up a belladonna season and a bryonia season. While macrotys and bryonia are largely called for in nearly all years and all seasons, we do not so frequently find use for belladonna. These phenomena are well worthy of our notice and remembrance.

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CALCIUM CHLORIDE.—Experimentation in recent years has developed the fact that calcium chloride, internally administered, favors coagulability of the blood. Advantage may be taken of this property (*New York Medical Journal*, quoting Mr. F. Percival Mackie in *Indian Medical Gazette*) previous to surgical operations in which hemorrhage is feared. Thus, in such states as anemia, jaundice, and other conditions in which coagulability of the blood is decreased, it may favor operations otherwise undertaken with grave danger. In the absence of a previous blood count (customary in many instances), the lobe of the ear may be pricked with a needle. If there is free capillary oozing for several minutes, danger of hemorrhage may reasonably be looked for. Under such circumstances Mackie removed "a large endothelial parotid growth," requiring "extensive and deliberate dissection," with the result of "hardly any bleeding." This remedy should not be overlooked in time of need.

## **Periscope.**

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### **MEDICAL RECIPROCITY,**

There is probably no more interesting as well as practical subject before the profession to-day than that of medical reciprocity between the several political divisions within the United States. The interstate recognition of, and official indorsement and exchange of, medical licenses has been the subject of much discussion in medical associations and journals during the past few years, but until within three or four years ago absolutely nothing of a practical nature had been accomplished to give effect to a provision almost unanimously recognized by the profession of this country as possessing not only the virtues of right and expediency, but designed also to relieve a condition in medical licensure which is solely responsible for the unnecessary and expensive hardships connected with a repetition of the tests of government qualification and recognition for the practice of medicine to those reputable and qualified practitioners removing from one State in the Union to another State.

There are two classes of practitioners affected by medical reciprocity, namely:

I. Recent graduates of medical colleges who have obtained their State licenses through the qualification of a State Medical Board examination.

II. Older graduates of medical colleges who have obtained their State licenses through the qualification of registration upon the basis only of their recognized medical diplomas.

Those practitioners under Class I. form at the present time approximately not more than 10 per cent. of the total of practitioners, and their claims for consideration through reciprocity are subject to a great deal of discount, owing to the fact of their recent graduation, and therefore naturally an examination and the meeting of advanced requirements of medical course should not be a difficult matter, but rather a matter of course.

Those physicians under Class II. form 90 per cent. of worthy practitioners, and owing to their graduation, in the majority of instances, several years ago, to them an examination naturally is a hardship, if not an impossibility, and in addition they are not able to comply with the advanced requirements, such as graduation after a four years' course of eight or nine months in separate years, or, perchance, their college of graduation is extinct, and therefore not on the "approved list."

In this latter, Class II., will be found at least 90 per cent. of the experienced and notable men in the profession, the professors and teachers in medical colleges, and members of State Boards.



A measure of reciprocity, then, that includes only those members of the profession in Class I., the recent and inexperienced graduates, and excludes 90 per cent. of those to whom reciprocity is a deserving and relieving measure, is unworthy the consideration of intelligent and self-respecting members of the profession.

Several years ago a confederation of State Medical Boards (so-called) was formed, whose membership was composed of members and ex-members of State licensing boards, educators, and others interested in medical reciprocity, and this confederation met yearly at the same time and place, and as an unofficial annex of the A. M. A. This association, however, was unofficial and secular, from the fact that in its method of membership it neither represented officially the medical boards nor the profession as legally constituted. A large portion of its time and energy was spent in discussing the difficulties and impossibilities connected with medical reciprocity, and it recognized as deserving material for reciprocity favors only those practitioners included in Class I. A very large portion of its membership was composed of members of the profession who assumed a certain amount of leadership in the, to-day, popular question of medical reciprocity, and who occupied positions giving them the authority to advise or influence its adoption in certain States, but who utterly and completely failed to understand the legal and practical questions involved in the subject, and who insisted upon a purely theoretical basis founded upon conditions which should exist — conditions which are impossible not only in this world, but in the world to come.

\* \* \* \* \*

In 1902 the State Medical Boards representing Michigan, Wisconsin and Indiana, through their executive officers, met in Chicago and organized The American Confederation of Reciprocating, Examining and Licensing Medical Boards. The following quotations from its constitution are self-explanatory:

“Any examining or licensing board of any State, territory, district or province of the United States, having a medical practice law requiring an examination before said board, and requiring thorough professional qualifications as the basis of legal authority to practice in said State, territory, district, or province, and providing for interstate reciprocity, shall be eligible for membership in this confederation, and may obtain membership by the signature of its authorized representative to this constitution, and maintain such membership by compliance with the requirements of the constitution and by-laws of the confederation.”

“The object of this confederation shall be to establish reciprocal relations between the medical examining and licensing boards of the

States, territories, districts and provinces of the United States, the purpose of which being that thoroughly worthy and well qualified physicians and surgeons, who have been legally qualified to practice under the laws of one of said States, territories, districts or provinces, may be given legal authority and be admitted to practice in any State, territory, district or province represented in this confederation, without a repetition of the tests of qualification to which such practitioner has submitted."

Membership in the American Confederation is composed of State Medical Boards, not members or ex-members of State Boards, or educators in medicine. The status, therefore, of the American Confederation is that of an association of executive officers of State Medical Boards, consequently it has a legal status in the several States whose boards have membership. The American Confederation, therefore, has authority to do practical and actual work in connection with medical reciprocity, and the fact that previous to its foundation, some three years ago, practically no medical reciprocity was in effect in any of the States, and that to-day some twenty of the States are actually and actively engaged in indorsing each other's medical licenses without examination as a basis for legal medical registration, furnishes sufficient evidence of not only the necessity of this confederation, but also demonstrates its present activity and future usefulness.

Dr. Samuel C. Jones, President of the Association of American Medical Colleges, in his address in Chicago in May last, states:

"I wish to commend very highly the work of the American Confederation of Reciprocating, Examining and Licensing Medical Boards, which has a membership of fourteen States. Their work is along the lines of uniformity of entrance and graduation requirements, uniformity in State Board examinations, uniformity of forms, and modifications necessary in reciprocal qualifications. The work of this association has been the means of accomplishing much for the schools under their jurisdiction. The aims of this body are so highly commendable, and its work is so important and far-reaching, that we would do well to encourage this body and assist them in every way possible."

The following basis of reciprocal medical registration has been adopted by the American Confederation:

#### PREREQUISITE CREDENTIALS.

(A) As a prerequisite to reciprocal registration, the applicant therefor shall file in the office of the Board of the State of which he is a licentiate such evidence as will enable the aforesaid board to certify that he is of good moral and professional character. In connection therewith, as evidence of moral and professional character after graduation and licensure, each applicant shall present, from his former home,



to the State Board in which registration is sought, satisfactory evidence that he has been, for at least one year, a member in good standing of the county, State or national medical organization of the school or system of practice to which he belongs, and a certificate of recommendation issued to him by vote, at a regular meeting of the society in which his membership originated, that he is worthy of registration anywhere, and such certificate of recommendation may be treated as part of such application and considered in connection with the other evidence presented.

(B) Each applicant shall be required to furnish, in addition to the evidence under (A), an affidavit that in good faith he has abandoned practice in the State from which he came, and that it is his intention to become a permanent resident of the State in which such application is made.

#### QUALIFICATION I.

(C) A certificate of registration showing that an examination was less than that prescribed by the State in which an average grade of not less than 75 per cent. was awarded, the holder thereof having been at the time of said examination the legal possessor of a diploma from a medical college in good standing in the State where reciprocal registration is sought, may be accepted, in lieu of examination, as evidence of qualification. Provided, that in case the scope of said examination was less than that prescribed by the State in which registration is sought, the applicant may be required to submit to a supplemental examination by the board thereof in such subjects as have not been covered, and, provided, that the applicant had been engaged in the reputable practice of medicine at least one year in the State issuing the certificate on which indorsement is sought.

#### QUALIFICATION II.

(D) A certificate of registration or license issued by the proper board of any State may be accepted as evidence of qualification for reciprocal registration in any other State. Provided, the holder of such certificate had been engaged in the reputable practice of medicine in such State at least one year; and also provided that the holder thereof was, at the time of such registration, the legal possessor of a diploma issued by a medical college in good standing in the State in which reciprocal registration is sought, and that the date of such diploma was prior to the legal requirement of the examination test in such State.

In Qualification (A) it will be noted that evidence is required which may be furnished easily and without expense by any physician who is a member in good standing in the organizations of the system of practice to which he professes to belong, and, what is probably of still more importance, as quacks are nearly always migratory characters, it requires a character of evidence which they can never furnish.

Qualification (B) is a necessary safeguard against the abuse of the privileges of reciprocity, especially in the health-resort States, by a class of practitioners who desire to move in and out with the pleasure and health seekers. These requirements put the whole question of reciprocity on such a broad and comprehensive basis as to seem to put them ultimately within the reach of all of the States.

Qualification No. I. (C) eliminates completely a repetition of the "tests of qualification" to which a practitioner has submitted, and provides the only legal, equitable and practical method of overcoming the inequality of State requirements, namely, "a diploma from a medical college in good standing in the State where reciprocal registration is sought," and "a supplemental examination if necessary."

Qualification No. II. (B) applies to those "practitioners" who obtained their State licenses on the basis of a faculty examination (college diploma) previous to the date of the double examination requirements (college diploma and State certificate) in States. Under this qualification no State is required to accept an applicant whose diploma dates subsequent to the date of the double examination test in such State. In other words, the applicant, if he had applied for registration in such State at the time of his graduation, would have been accepted. Therefore, the State, under Qualification II., dates back the application. The applicant, in addition to a standard qualification recognized as such at the date of issue, at this time also possesses several years of practical experience, which is in itself a legal qualification asset, and has, further, been investigated and recommended by the State in which his professional work has been done.

Could any provision for reciprocity be fairer, more equitable, more consistent with constitutional as well as statutory law,—broad, and yet conservative, insisting on an exact legal qualification at the date of registration,—than Qualification II.? It includes fully 75 per cent. of those practitioners to whom the benefits of practical reciprocity apply. Reciprocal legislation, which provides only for the present and future practitioner, and ignores the older and experienced practitioner for the reason that the latter has not obtained his license through a State Board examination, is not only irrelevant and unjust, but is also unconstitutional.

Several of the State Medical Boards are committed to the policy of recognizing for interstate exchange certificates of registration or licenses obtained solely on the basis of an examination on stated subjects before State Medical Boards. It may be of interest to these boards to learn that any scheme of medical reciprocity which includes only licentiates who obtained their medical licenses on the basis of a State Board examination, and which excludes licentiates who obtained their

medical licenses on the basis of a college diploma, is, as I have stated above, unconstitutional, and unquestionably would be held so by any one of the several State Supreme Courts or the United States Supreme Court.

\* \* \* \* \*

The practitioner who at the date of his graduation had fulfilled all and every legal requirement of education in State registration could not legally have been required twenty-five years ago to take the four years' course when only a two years' course was given in his legally reputable and at that time high-standard medical college. He could hardly have been expected to be required to take the course in bacteriology when no such course was given. And, again, he could not have been expected to have passed a State Board examination twenty years previous to the creation of a board in his State. But notwithstanding all of these impossibilities being quite apparent, State Boards of the New York and Pennsylvania type are contending for medical reciprocity upon the qualification only of a recognized diploma *and* a State Board examination.

A State neither gains nor loses in its standard of qualification through adoption of Qualification No. II., or by its recognition of the claims of these practitioners, who form at least 90 per cent. of desirable reciprocal material. The experience of Michigan has been that under Qualification No. II. as many go to other States as come from other States, and the average standard of qualification of those coming in equals the standard of those going out.

Medical reciprocity between the several political divisions of the United States is not an experiment or a theory, but at the present time a practical and an actual accomplishment. The following States are at this time actively engaged in indorsing each other's licenses as a qualification for medical registration and licensure, namely, Michigan, Wisconsin, Indiana, Iowa, Maryland, Kansas, Nebraska, Minnesota, Wyoming, North Dakota, Missouri, Nevada, Virginia, Ohio, Illinois, Maine, New Jersey, Georgia, South Carolina.

The practical provisions in handling medical reciprocity naturally belongs to the boards of the several States interested. This has been plainly demonstrated by the results thus far accomplished by the American Confederation of Reciprocating, Examining and Licensing Medical Boards. This confederation does not represent any school or sect, but rather the medical laws of the several States. While the moral support and advice of the several school societies and associations are most helpful and welcome, any activity from them further than this would be most harmful to the cause of medical reciprocity.—*B. D. Harrison, M.D., Secretary American Confederation of Reciprocity, Examining and Licensing Medical Boards, Sault Ste. Marie, Mich.*

**WHEN TO ADOPT ARTIFICIAL FEEDING.**

Artificial feeding should be adopted when the mother is unable to nurse; when the infant is unable to nurse, when the milk continues to disagree with the infant, when the milk supply remains insufficient, when the condition of the infant or mother calls for weaning, when the milk does not contain sufficient nourishment for the baby.

When the milk is good in quality but insufficient in quantity, it is better to "help the mother out" by giving the baby some artificial food in addition to the breast milk. This should also be done at the beginning of weaning.

Good artificial feeding is better than bad breast feeding.

Artificial feeding should always be begun when the mother has been shown, by two or more previous experiences under favorable conditions, that she can not nurse her child. The delays in attempting it will work an injury to the child.

Breast feeding should invariably be discontinued under the following conditions:

1. When the mother is a consumptive. Not only is there danger to the child in nursing at the breast of the consumptive mother, but the drain upon the mother herself hastens the progress and fatal termination of the disease.

2. When serious complications follow child-birth, such as severe hemorrhage, child-bed fever, blood poisoning or kidney disease.

3. When the mother is epileptic or suffers from St. Vitus' dance, or is so intensely nervous as to require medical attention.

4. When the mother suffers from any chronic disease or is very delicate. Nursing under such conditions is too severe a drain upon the mother, and usually unsatisfactory for the child.

5. When the mother has become again pregnant.

Extremely sensitive breasts, even though there may be intense pain in nursing, is not a reason for discontinuing nursing. Persistence for a few days usually overcomes this sensitiveness.

Menstruation of the mother does not affect the milk as much as usually believed. It may at times, however, cause slight indigestion, but is not a sound reason for discontinuing nursing.

The nursing mother can become pregnant, the oft-expressed opinions to the contrary notwithstanding. It is necessary to emphasize this fact, for it is well known that some mothers nurse their children for several months after they should be weaned, in the belief that they can not become pregnant. Could these misguided mothers hear the experiences of those who have used this method of prevention (?), they would soon abandon their folly and cease to give to their helpless infants a milk deficient in quality, the administration of which may work irreparable injury.—*Illinois State Board of Health Circular.*

**VENEREAL DISEASES AND STERILITY.**—There is a prevalent tradition that in cases of sterility the woman is generally at fault. That this is far from being the case is shown by the interesting observations made by Balin (*Praktichesky Vrach*, No. 6, 1903). This author investigated 200 fruitless marriages. The wives were subjected to a careful examination, and found, in the majority of cases, sexually normal; not so the husbands. Of the 200 male partners, 112 furnished a seminal fluid which was pathological. Of these, 73 suffered from azoospermia and 39 from oligonecrozoospermia. Of the 73, 43 suffered from various forms of gonorrhea prior to marriage; in 5 the conditions could be accounted for, and 28 denied any venereal diseases in the past. Of the 43, 19 had gonorrhea before marriage. Thus, in over 59 per cent. of the cases of sterility attributable to the husband, gonorrhea was the primary cause. Of the 88 husbands whose semen was normal, 35 had gonorrhea before marriage, and in 5 the anemnesis could not be ascertained. In other words, over 51 per cent. of men enter the bonds of matrimony with a gonorrhea thread on their trail. That these, if not themselves sterile by reason of pathological semen, render their wives so by gonorrheal infections, was also shown by the author in several cases in which the women were the sufferers from a gonorrheal infection acquired from their husbands. Who can estimate the damage done to the individual and the race by the terrible gonococcus?—A. R.

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**PREVENTION OF SENILITY.**—At the Fourteenth Annual Congress of the Royal Institute of Public Health recently in session at London, England, Sir James Crichton-Browne delivered an address on "The Prevention of Senility" (*The Times*, July 22). He called attention to the fact that while the death rate for all taken together had steadily and markedly decreased, the death rate for men between forty-five and seventy-five years of age had startlingly risen.

Sir James could not agree with Dr. Osler that men above forty years of age were comparatively useless, although he was ready to acknowledge that the most vigorous period of life was between the twenty-fifth and fortieth years. He summoned as evidence in opposition to Osler's theory, or rather dictum, the lives of Nelson, Moltke, Bismarck, Palmerston, Beaconsfield, Wren, Titian, Locke, Bacon, Faraday, Roentgen, Harvey, Darwin, Verdi, Wagner, and others. He was of opinion that the most profitable period of man's activity lay between the fortieth and fiftieth years, rather than between the thirtieth and fortieth.

As for advanced age, there were certain centers and groups of centers in the brain which had an evolutionary cycle larger than was currently understood, and some of which might be persistently energetic in old age. In the higher nerve centers evolution went forward late in life, and the freshness of youth might thus survive in old age.

Unfavorable environment and deleterious habits of life or methods of work often arrested this evolution of the higher nerve centers and induced old age prematurely.

# ECLECTIC MEDICAL JOURNAL.

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## THE JOURNAL FOR 1906.

This is the seventieth anniversary of the birth of the ECLECTIC MEDICAL JOURNAL. On taking the first issue from the shelf, we notice the following quarter title page:

### THE WESTERN MEDICAL REFORMER.

A MONTHLY JOURNAL OF

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BY THE MEDICAL PROFESSORS AT WORTHINGTON COLLEGE,

EDITORS AND PROPRIETORS.

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No. I.

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The JOURNAL was published under the name of the *Western Medical Reformer* at Worthington, Ohio, from January, 1836, to December, 1838; then under the same name at Cincinnati from June, 1844, to December, 1848. From January, 1849, it bears the name of the ECLECTIC MEDICAL JOURNAL.

These seventy years embrace struggles for existence, struggles for contributions, struggles for life and liberty, and speak of privations such as try men's souls. On this foundation we stand, and appreciating the gift that comes to us from the past, we take off our hats and bow our heads to the memory of these men, true and brave.

The reader will notice that we commence the new year of 1906 with our usual good supply of original material, and can promise its continuance during the year. One of the principal objects of the JOURNAL shall be the calling of attention to the diseases of the season, giving such information as will lead to correct diagnosis and successful treatment.



The JOURNAL has a very large circulation now, and numbers subscribers in each school of medicine. We need not say that it is well liked, that is too well known to require mention. When a physician puts his name on our books, he generally remains with us.

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SCUDDER.

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### SURGICAL HINTS,

In the administration of an anæsthetic to a patient who has been in the habit of using intoxicating drinks, if the anæsthetists find much trouble in bringing the patient under complete anæsthesia by the struggling of the patient or spasmodic contractions of the extremities, the safe, proper and best means of bringing the desired results with the least possible danger is as follows:

Administer a hypodermic of one-fourth grain of Morphia Sulphate with one-sixtieth of Strychnia, depositing the hypodermic medication in the tissues of the neck or anterior thorax, and await the action of the hypodermic for about five minutes, and then push the anæsthetic, and the patient will promptly relax and come fully under the influence by the administration of a comparatively small amount, and will remain safely under, only administering occasionally a few drops.

In those other cases of chloroform narcosis, in man or woman, where they are highly sensitive and nervous, the anæsthetist will secure much better results if he will withhold the administration of the anæsthetic and allow the patient first to inhale a little alcohol. In the meantime talking to the patient in an assuring manner, that there will be little danger if he will breathe deeply and quietly, and help to bring about the desired results. Then gradually add your chloroform to the inhaler, and the patient will soon pass into a state of insensibility without much fear or struggle.

In the administration of an anæsthetic to an infant or small child, it has always been my custom to thoroughly saturate a napkin or towel folded in the shape of a cone, and if the child commences to struggle, completely envelope the mouth and nose with the cone well saturated. This prevents the children screaming, and smothers them, so that they forget to fight the anæsthetic, and the danger is lessened.

It has been my custom for years, before the administration of an anæsthetic, to have the patient prepared by abstinence from solid food

for at least twenty-four hours, and the administration of a mild cathartic, so that the *prima viæ* shall be thoroughly free and unloaded. I believe much good and safety in the administration of an anæsthetic depends upon this method of preparation of a case. In all cases, before the commencement of an anæsthetic, the nurse is instructed to remove any false teeth that the patient may have, and to loosen all the clothing from the body, so that in case of danger arising in the administration of the anæsthetic, the surgeon can at once command a naked body, especially of the thorax, in his efforts of resuscitation. The danger signals in the administration of an anæsthetic are, darkening discoloration of the ears, face and neck, and congestion of the conjunctiva, or excessive flow of the tear duct, together with stertorous breathing, or entire cessation of breathing. When the patient is in this condition I always instruct the assistant to seize the tongue, pull it forward out of the mouth, and give the patient a slap with the flat of the hand on the thorax, over the region of the heart. If after resorting to this means the patient fails to respond, a second assistant is instructed to lift the arms above the head, pulling with considerable force, which has a tendency to expand the thoracic walls, and then by bending the forearm and pressing in upon the thorax the number of times a person should breathe per minute, following this method of artificial respiration till successful, the first assistant all the time holding the tongue forward as the extension of the arms is being made, and gradually allowing the tongue to fall back in the mouth at the time of pressure upon the thoracic walls. If these directions are carefully observed, and in the further continuation of the anæsthesia the patient be kept not profoundly under, but just on the border line, there would be few fatalities to report from anæsthesia.

Oftentimes patients are brought to the operating room to undergo anæsthesia in a highly nervous state, and the extremities covered with cold, clammy sweat, and the patient exhibiting marked signs of fear. It is much better to allow this patient to regain the nervous force, and to place over the region of the heart a hot-water bag, and hot-water bottles to the extremities, getting the circulation and the nerve force in a normal condition before the commencement of the administration of the anæsthetic. Time will be gained by this preparation, and delay and much danger averted.

Since I have adopted the use of hot, normal saline solutions, from which a large-sized gauze sponge is wrung nearly dry for cleansing incised wounds, I find much better satisfaction in keeping the incision in its best condition than when I used the sterilized dried sponge. And in addition it is a great saving of gauze, and a much better preparation in cleansing of the wound.



In the closure of all incised wounds, I invariably cleanse the edges of the wound with alcohol before suturing, and then adopt the intra-dermic method of suturing, using the silkworm gut, lacing the wound up from side to side, like the cords of an old-fashioned rope bedstead. This method of suturing does away with scar marks of the needle; it minimizes the danger of infection in the line of the incision, and the suture can remain for days without a particle of danger. Oftentimes in laparotomy the suture is allowed to remain *en situ* for two or three weeks without bad results, and I think with beneficial influence in holding the incised wound in position.

RUSSELL.

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## PARTURITION AND ITS SEQUELÆ.

### I. PREPARATION FOR LABOR AND DELIVERY.

In caring for the parturient patient, *preparation*, as in all things else, is of especial importance.

In the first place, the obstetrical bag should always be prepared and in readiness, replete with the necessary medicines (ergot and chloroform especially), forceps, and smaller instruments, viz.: scissors, catheters, needles, ligature and suture material, hypodermic syringe, likewise an apron or gown, some reliable antiseptics, probably creolin and carbolic acid, asepsin or green soap, small jar of carbolized vaseline, etc.

While labor is a natural process, and usually terminates without artificial or instrumental interference, nevertheless, in the second place, the obstetrician should, as nearly as possible, always be *prepared* to answer the summons as though an emergency. This is imperative, because of the possibility of malpresentation, which, if recognized in time, might be corrected; a precipitate delivery, with consequent perineal laceration, post-partum hemorrhage, eclampsia, or infantile asphyxiation. The presence of the physician likewise serves to reassure the patient, relieving her of much unnecessary nervousness, worry and anxiety.

Thirdly, careful and efficient *preparation* should be made for the labor delivery and lying-in, with a view of having not only the patient and her apartment, but the attendant, nurse, and everything about or near her as well, scrupulously aseptic. During the puerperal state the woman is predisposed to disease, and after a prolonged and difficult labor is especially susceptible to the action of pathogenic germs; besides, her vitality and resisting power is largely exhausted. There may be found, as a rule, following delivery various abrasions and lacerations of the mucous membrane of the cervix and vagina, probably slight and of apparent insignificance in most cases, it is true, but sufficient to prove inviting to the infective micro organisms, from which our puerperal

sepsis results, and which, with the observance of care and judicious precautionary measures, might, in a very large proportion of cases, be prevented. The chief germicides in general use in our maternity hospitals are creolin, chlorid, and biniodid of mercury, as well as salicylic and carbolic acids.

The apartment of the parturient patient should be located so as to give good light and air; the temperature should be comfortable, and good ventilation not overlooked; unnecessary furniture should be removed, and the room made as cleanly and aseptic as possible.

Too little attention is paid to disinfection of the physician, nurse and assistants. Carelessness in this particular is one of the most fruitful and frequent causes, if, indeed, not the *most* common, of infection of the patient. The hands should be most carefully treated and sterilized before examining or handling the parturient, and even then examinations (*per vaginam*) should not be made unnecessarily. So much importance is attached to this, and the danger from the examining finger, that some of the greatest of our German obstetricians (Leopold and Sparlin) are advocating that in ordinary labor, examinations be wholly external, presentation and position being recognized by palpation. The hands may be rendered aseptic, after first carefully manicuring the nails, by thoroughly scrubbing in hot water, after which immerse in solution of potassium permanganate, removing the stain by rinsing in a saturated solution of oxalic acid, and cleansing in warm sterilized water. Or again (Furbringer's method), after scrubbing in hot water, using soap and a sterilized brush, immerse in 95 per cent. alcohol for one minute, and then for the same length of time in a solution (1: 500 or 1,000) of mercuric chlorid. A sterilized gown should be worn, and the examining finger anointed with carbolized vaseline.

With the beginning of the first stage of labor the patient should be given a bath; the genitalia thoroughly cleansed with asepsin soap, followed by an application of alcohol. What would be still better, however, but frequently objected to by women, would be to shave the parts first, and then carefully sterilize. A soap-suds enema should be given if required, and the patient put to bed in a clean gown.

The bed should be so situated as to enable readily moving about it; the clothes should preferably be sterilized, at any rate thoroughly clean. The mattress should be guarded by means of a rubber blanket, comfort, or some prefer several thicknesses of ordinary newspapers. Under the patient's hips should be placed a good sized pad; this may be improvised from a sterilized piece of blanket or any soft material. Many physicians carry a large Kelley pad; this serves the purpose satisfactorily, likewise commends itself to those about the patient—the family, etc.—

as an evidence of an up-to-date physician, well equipped and carefully *prepared*.

In the event instruments are used, the safeguard of *preparation*, by sterilization, should not be overlooked; because of this lack of care the introduction of instruments into the vagina always increases the danger of infection. By strict adherence to rigid rules of thorough asepsis, much of the unfortunate consequences and sequelæ of parturition will be eliminated, and the mortality materially minimized.

WINTERMUTE.

## ACIDS AND ALKALIES.

We frequently read in articles, or hear physicians say, when considering certain characteristic symptoms, "Give acids," or "Give alkalies." This is as far as their therapeutic training seems to have taken them in this important phase of specific medication. Speaking broadly and chemically, an acid is a salt of hydrogen, and there are myriads of them. More narrowly considered, as in Eclectic therapeutics, the mineral acids are those chiefly used, if we except the occasional use of citric, acetic and lactic acids. Again, in considering *alkalies*, the word is not to be taken literally, for it is seldom that alkalies proper are employed in these days, but "alkaline substances" are those usually intended when we speak of alkalies. This loose terminology appears to do very well among ourselves, but it puts a false appearance on our therapy when viewed by others. Chemically, an alkali is a hyperoxide, sometimes incorrectly called a hydrate—a substance which, when brought into contact with fats and oils, will form a soap. Alkalies act strongly upon litmus paper, giving an intense blue reaction. The metals which, under proper conditions, give rise to the alkalies may under other conditions give rise to alkaline substances—as when sodium or potassium unites in varying proportions with the acidulous radical of carbonic acid, resulting respectively in sodium or potassium, carbonate or bicarbonate. Such substances do not saponify fats, but they give a blue reaction with litmus. These are termed alkaline substances, from their close resemblance in taste and reaction to the alkalies proper. These, too, are the substances generally employed in medicine when an alkali is said to be indicated. Thus we have the alkaline carbonates, citrates, sulphites, etc.

Now, having disposed of our terminology, let us refer to what we regard carelessness in suggesting treatment. The physician who makes the suggestion probably has clearly defined in his mind what salt he is going to administer when he says, "Give an acid," "Give an alkali." But those who read after him get little or no hint from his suggestion. Again, there are those who do not seem to know that it makes any dif-

ference which one of the numerous agents coming under each of the two groups is administered. The general indication for acids is deep redness of tongue and mucous membranes; that for "alkalies" is pallor and white coating. Muriatic acid (Hydrochloric acid) will not meet the indications for nitric acid or sulphurous acid. Sometimes it takes nice discrimination to detect the delicate shades of coloring which are distinguishing guides in therapy; again, there are accessory symptoms, outside of color, that make the specific diagnosis easy. The selection of alkaline medicines, while depending upon symptoms just as distinct, are perhaps a trifle more difficult than in the case of acids.

The indications for acids must be sharply differentiated if we are to expect specific results. This is no less true here than concerning the specific differences in the use of the special sedatives.

Simple *deep redness* of mucous membranes or the skin when it shows the blood freely, and the condition accompanying it, is corrected by such acids as acetic acid (vinegar), sour whey, buttermilk, citric acid (lemonade or orange juice), and hard cider, but usually the acid most beneficial is hydrochloric acid. In the opposite condition, pallor, with white coating, yields more or less well to sodium bicarbonate, borax, and similar salts, but usually sodium sulphite is the agent selected, particularly if pronounced and dirty. Hydrochloric acid and sodium sulphite constitute the therapy of "acids" and "alkalies" with the majority of prescribers. Note below the contrasts that should be observed in indications:

**HYDROCHLORIC ACID. (*Muriatic Acid*).**—Tongue *deep red*, contracted, elongated, with *brownish coating*, inclined to become darker as disease advances. The redness is of angry type, looking as if the blood would burst through. *Sordes* upon the teeth and bright, shining redness of the skin are additional indications. Make a pleasantly sour drink and give freely.

**NITRIC ACID.**—Here is also the *deep red tongue*, but with the addition of *violaceous tint*. The blood shows freely underneath, whether it be skin or membrane, and the best marked instances show an apparent film of pale purple or a *violet haze*, through which one can look to the underlying redness, which is either deep red or pale rose. The color is not a solid purple, but a translucent haze of violaceous tint. These cases, when met, offer opportunities to show the directness of specific prescribing.

**SULPHUROUS ACID.**—This acid will have a limited use, but is a direct remedy when indicated. *Redness of tissue* is here also, but the surface is *sleek, papillæless*, the tissues are full and sodden, and in color and consistence they resemble *beef in the early stages of decay*. The tissues

and tongue are *dirty* coated, and the body secretions and excretions are likewise foul in odor and dirty in appearance.

SODIUM BICARBONATE.—*Pallor* is the direct indication for this salt. There may or may not be much coating upon the tongue. If there is, it is whitish or yellowish, not dirty nor foul in smell, but generally giving off a decidedly sour odor.

SODIUM SULPHITE takes the lead among the so-called "alkalies," *pallor* here being conspicuous, with a *sticky, heavy white or dirty white coating*, with foul or mawkish odor. Once encountered, these cases are never forgotten. A tendency to slow sepsis (zymosis) is present, and this, together with the general guide for alkaline salts, makes it one of our strongest specific agents.

Frequently we hear physicians speak of sodium sulphide or sulphate, calcium sulphide, potassium chloride, as alkalies. By the former they mean sodium sulphite; the second does not come within the scope of alkaline medication, nor does the last, wherein they refer to potassium chlorate.

One might carry out the indications further for each of the above agents, but we have written enough to show that there are great variations even among the acids and among the "alkalies." Let us briefly recapitulate.

ACIDS.—General indication: *Deep redness* of tissues.

"ALKALIES."—General indication: *Pallor*, with *whitish coat* upon tongue.

HYDROCHLORIC ACID.—*Deep redness, contracted tongue and tissues, sordes.*

NITRIC ACID.—*Deep or rose redness, violaceous haze*, not solid in color, but *translucent*.

SULPHUROUS ACID.—*Deep redness*, tongue furred, tissues full, *beefy, gelatinous, dirty glaze*, as of spoiled meat; evidence of *zymosis*.

SODIUM BICARBONATE.—*Pallor* of tongue and membranes. *White or yellowish white coating* on tongue; *not putrid*, but sometimes *sour*.

SODIUM SULPHITE.—*Pallor* of tissues, and tongue *dirty, pasty whitish coat*, of foul odor; *zymosis*.  
FELTER.

## FRAGRANT SUMACH.

Fragrant Sumach, or *Rhus Aromatica*, belongs to the Nat. Order of Anacardiacea, which order is represented in North America by three genera, one only of which possesses any medicinal species, the *Rhus*. It is commonly known as Fragrant or Sweet Sumach. It is common to the rocky sections of the United States. The bark of the root is the part used.

Though introduced to the profession as late as 1879 by McClanahan, of Missouri, it seems to have gained a firm footing for the main conditions for which he has recommended it. It is in use by all schools, as we have found it advocated for certain conditions in Eclectic, Homeopathic and Regular literature. It is claimed to be a stimulant, diuretic and astringent.

The constituents of the plant are a volatile oil, resin, fat, tannin and gum. Our personal experience with it is confined to its remedial action in kidney and bladder affections.

In diabetes, whether insipidus or mellitus, or in simple polyuria, we have found it to be of unusual value. It lessens the flow of urine and removes in a measure the debility attendant upon diabetes mellitus; possibly by its stimulant properties.

Its most efficient action is no doubt in incontinence of urine and enuresis nocturna. In these conditions no remedy has given us so uniform success. Its action seems best in children of what was formerly styled a phlegmatic temperament. They seem atonic, and of a pale, waxy complexion. There may be also some irritability of the urinary passages. We have found it also of value in incontinence of old men, with enlargement of the prostate.

In these three conditions, polyuria, incontinence and enuresis nocturna, there can be no question of its value. All Eclectic writers agree upon its remedial value in these conditions. Hale, in *New Remedies*, attests to the same fact, as do also many writers in the Allopathic School.

It is said to be of equal value in passive hemorrhage from the uterus, kidneys or bowels. Also in chronic catarrhal inflammation, attended with excessive discharge, and especially when the discharge is streaked with blood. This would include diarrhoeal conditions, chronic laryngitis, bronchitis and cystitis.

Its specific indications and uses are: Stools profuse, skin cool and sallow, pulse small and feeble, loss of flesh. Abdomen flabby, tongue pale, trembling and moist; trembling of the limbs; general sense of lassitude and languor. Large, painless diarrhoeal discharges. Nocturnal enuresis from weakness of the sphincter vesicæ; prostatic enlargement and malarial hæmaturia. Polyuria.

Dose—We give the Sp. Fragrant Sumach in from five to thirty drop doses. Fyfe says, do not use it in water. Our habit has been to use it in glycerine and water, to which we have as yet seen no objections or ill results.

MUNDY.



**THE "G. B."**

This abbreviation passes current among a few medical friends of mine, with whom its symbols has become a stand-by. It holds a sort of *camaraderie*, or sloganistic spirit, which is rather grateful. Dr. Smedley originated the abbreviation, and it proved to be infectious. What it stands for is Gelsemium and Bryonia.

I would not know how to practice medicine in this latitude without this combination. I often wonder how doctors who are not "onto it" do manage. What do they do in malarial fever? Every doctor knows that we can't "do a hooter" with quinine in this fever. What clear-headed physician is going to give quinine in *any* fever condition? It will always aggravate the case, of course. A coating tongue and drying and "harshing" skin are unequivocally vehement protests against its use. This is doubtless and eternally true. Yes, I know it has been a sort of allopathic fashion to push this drug to antipyresis in fevers. But what a price such malpractice exacts! For how infallibly it aggravates and prolongs the patient's sickness — when it don't kill him. In all malarial conditions not markedly periodic the G. B. is my right bower. Think of all the polyglot utterances of malaria. The G. B. silences the babble. In all these pathologic equivocations, no less than in honest malarial fever, the G. B. is the remedy. Spec. Gelsemium, gtt. xv.-xx.; Spec. Bryonia, gtt. v.-vii.; water, ℥ iv. Of this a teaspoonful every hour.

Scarcely a day passes without the appearance of a case demanding the G. B. They drift into my office and tell me how achingly, languidly, somnolently, and (if men) damnably wretched they are. The condition described constitutes a regular screech for the G. B. I give it to them, with the positive assurance that in forty-eight hours they will be all right. In five to seven days they ought to take another round of it, and in five to seven days more another round. It is inclined to return in seven-day cycles. Quinine will not reach these cases, according to my experience. Even if it would do it, think of its vulgar brutality! The ethics of quinine is to that of the G. B. as the stuck-hog ethics of the prize-ring is to that of refined society. This G. B. is also the best treatment I have ever tried for la grippe. In most facial neuralgias it is the best remedy known. It will pay you to cultivate the acquaintance of the G. B.

COOPER.

**ACUTE RHINITIS—ECHINACEA.**

If there is any one thing I dread, it is the discomfort attending a cold in the head. I've had 'em, and had 'em bad. They have been "bad" colds. These are the only ones in the disease line that I have had, and though the time which elapses between spells may be long, I never forget how it feels.

I had one a short time ago, and wanted to get rid of it. I wanted to get rid of it badly. In fact, I had no use for it at all. Most often I do not permit myself to take cold. I was always taught not to take things that didn't belong to me, so I resist the temptation to take a cold whenever I can. However, in this instance I came home tired and went to bed without taking an inventory of stock on hand before closing shop for the night. Had I inspected the stock, I should have found some fire in the flue. Then I should have put it out with Specific Gelsemium by taking a good-sized dose on going to bed. But I didn't, and the result was I had a crop of rhinitis next day. My nose, oh, my, "vat a nose!" It ran; it jumped; and I said, the nose "be blowed," and it was.

Now comes the echinacea part. I had, recently, a chemist friend of mine prepare for me a colorless article of echinacea, with only alcohol enough to preserve it. I had it prepared for use in catarrhal troubles. I bethought myself of my echinacea. I turned the atomizer on my nose. It felt better for the douche. I made repeated applications of the remedy for a period of three or four hours. It soon put the brakes on the nose. It stopped running. The pain and distress vanished, and by bedtime all excessive secretion was checked. When I arose next morning I was free from cold.

I have used the remedy in other cases of like nature, and always with benefit, though in some instances the effect was not so pronounced as in my own case.

In chronic rhinitis, or catarrh, you will find this an excellent remedy. It cleanses the nasal cavities, acts as a local anæsthetic (feeble, of course), and as an antiseptic I believe it is unequalled by any remedy known to medicine.

Specific Echinacea may be used in solutions varying in strength from 10 to 25 per cent. Echafolta in the same strength. The special preparation I mention here I use either full strength or diluted one-half.

I will have more to say concerning this remedy at some future time. There is much that may be said of it, and nothing to its disadvantage.

STEPHENS.



**THOMAS' PRACTICE OF MEDICINE.**

The new *Eclectic Practice of Medicine*, on which Professor Thomas has been working for the past four years, is about ready for delivery. It will embrace over one thousand octavo pages, and will contain two full-page lithographs, six full-page colorprints, and nearly fifty illustrations in black. It will sell for \$6.00 in cloth, \$7 00 in sheep binding. The book is thoroughly up to date in every respect, and we believe will be well received by the profession.

Part I. is devoted to the consideration of Infectious Diseases. Part II., Diseases of the Respiratory System, subdivided into sections on the Nose, Larynx, Bronchi, Lungs and Pleura. Part III., Diseases of the Circulatory System, with subdivisions on the Pericardium, Heart, Valvular Diseases, Neuroses, and Diseases of the Arteries. Part IV., Diseases of the Digestive System, subdivided into Diseases of the Mouth, Salivary Glands, Pharynx, Tonsils, Esophagus, Stomach, Intestines, Liver, Spleen, Pancreas and Peritoneum. Part V., Diseases of the Urinary System, subdivided into Diseases of the Kidney and Bladder. Part VI., Constitutional Diseases. Part VII., Diseases of the Blood and Ductless Glands. Part VIII., Diseases of the Nervous System, subdivided into Diseases of the Peripheral Nerves, Diseases of the Spinal Cord, Diseases of the Brain and its Meninges, Diseases of Unknown Pathology. Part IX., Diseases of the Muscles. Part X., The Intoxicants; Sunstroke; Obesity. Part XI., Animal Parasites. Miscellaneous Table of Weights and Measures, Incompatibles, Poisons and Antidotes, Indications for Remedies.

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CINCINNATI, O., Jan. 13, 1906.

THE SCUDDER BROS. CO.—Gentlemen:

We received the January issue of the *Eclectic Medical Journal* and congratulate you upon its general appearance. While it has always been up to date, in its enlarged and improved form, as it appeared in the January edition, it certainly shows the progressive spirit of its editors. We have advertised in the *Journal* since its first issue, and have always considered it as one of the best advertising mediums, as its circulation is so extensive throughout the United States,

Wishing you a continued success, we remain

Yours respectfully,

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# Genitone....

**GENITONE**—a rational adjunct to the non-surgical treatment of certain disorders of the female reproductive organs.

**It acts also as a tonic to the muscular fibres of the uterus, regulates the intra-uterine circulation, overcomes catarrhal conditions and predisposition to uterine hemorrhage,**

Genitone is of special value in amenorrhea, dysmenorrhea and menorrhagia. It is also successfully prescribed in ovaritis, salpingitis, subinvolution, and in threatened abortion.

Genitone may be safely recommended as a uterine tonic and regulator, not only during the period of menstrual activity, but also when the approach of the menopause gives rise to various aberrations of uterine function and reflex morbid manifestations.

Dr. J. W. F—— reports the case of a patient who had previously aborted four times, and who, at the third month of pregnancy, presented every evidence of miscarriage. He prescribed Genitone every two hours until the symptoms subsided; maintained the treatment for four days, when the interval was lengthened and the remedy finally omitted altogether. "The patient progressed satisfactorily, and at full term was delivered of a healthy child."

Other clinical cases, its value in sterility, and the special reference to the therapy of its several ingredients, in pamphlet form upon request.

**FORMULA.**—*Hydrastis Canadensis*..... 5 gr.      *Passiflora Incarnata*.....4 gr.  
*Viburnum Prunifolium*...8 gr.      *Senecio Aureus*.....5 gr.  
*Anemone Pulsatilla* ....., 2 gr.      Aromatic Cordial ..... q. s.  
to make one fluid drachm.

**To physicians who are not prescribing Genitone, we will express at our expense, an original package upon receipt of the net pound price, 75 cents. Address your letter to Dept. C.**

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# THE ECLECTIC NEWS

## A MONTHLY NEWSPAPER

VOL. XI.

FEBRUARY, 1906.

No. 2.

### BOOK NOTICES.

**A Text-Book of Diseases of Women.** By B. C. Hirst, M. D. 8vo, 741 pages, 701 original illustrations, many in colors. Philadelphia: W. B. Saunders & Co. Cloth, \$5.00 net.

Dr. Hirst may well be congratulated upon the publication of such a work as this, a second edition of which has just appeared. Written on the same lines as his "Text-Book of Obstetrics," to which it may be called a companion volume, it gives every promise of attaining a similar success. The palliative treatment of diseases of women and such curative treatment as can be carried out by the general practitioner, have been given special attention, enabling physicians to treat many of their patients without referring them to a specialist. Indeed, throughout the book great stress has been laid upon diagnosis and treatment, and the section devoted to a detailed description of modern gynecic operations is most clear and concise. In this second edition the revision has been thorough, introducing, however, only such matter that promises or has been demonstrated to be of permanent value. Forty-seven new illustrations have been added and thirty of the old ones replaced, the work now containing a collection of 701 beautiful original illustrations, many of them in colors.

We have received frequent inquiries from both students and practitioners relative to the best work to purchase on diseases of women and obstetrics; we have invariably advised those of Dr. Hirst. We gladly commend this recent edition to our friends in the profession who may desire a work on the subject well up to date and abreast of the times.

R. C. W.

**A Treatise on Diseases of the Skin.** By H. W. Stelwagon, M. D. Fourth edition, revised. 8vo, 1135 pages, with 258 text illustrations, and 32 full-page lithographic and half-tone plates. Philadelphia: W. B. Saunders & Co. Cloth, \$6.00 net.

Four large editions of Dr. Stelwagon's work have been required in three years. Surely such a sale bespeaks a book of unusual merit. Notwithstanding the frequency of editions, Dr. Stelwagon has not lost his opportunity to bring his book up to the latest knowledge. The

theapeutic use of the Roentgen rays, high-frequency current, and Finsen light, have been accorded the increased attention their growing importance deserves. We notice the addition of new text cuts, some thirty-eight in number, and six additional insert plates, all up to the high standard set by the text. The author, by the judicious elimination of redundant material, has kept the size of his book much as before, the increase being only some twenty pages.

Every general practitioner, especially those outside the large cities, should possess a reliable work on skin diseases, and become better informed along this line. This recent edition covers the subject most exhaustively, and will be found one of the best works extant. R. C. W.

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**A Text-Book of Diseases of the Chest:** Pericardium, Heart, Aorta, Bronchi, Lungs, Mediastinum, and Pleura. By E. G. Rankin, M. D. With 63 illustrations. 744 pages, cloth, \$5.50. Philadelphia: Boericke & Tafel.

The author of this work describes, in a brief and clear manner, the diseases of all the different organs of the thorax, with their etiology, morbid anatomy, symptoms, diagnosis, prognosis, and treatment. Under the chapter on "Therapeutics of Cardiac Diseases, he gives a list of the remedies in general use and their methods of action, that is especially instructive.

The work is well illustrated with very fine illustrations. These representations, connected with the plain language that the writer uses to express his ideas, make the book very instructive and valuable to any one interested in these subjects.

In chapter seven of the work the use of the x-rays as a diagnostic agent, and also for therapeutic purposes, is treated of, and much useful information is given.

J. R. S.

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**A Non-Surgical Treatise** on Diseases of the Prostate Gland and Adnexa. By Geo. W. Overall, M. D. Price \$1.00. Rowe Publishing Co., Chicago.

This little work of 219 pages is truly interesting, and will prove a valuable acquisition to the library of every physician. Of the various subjects treated are, acute and chronic prostatitis, enlargement of the prostate, neuroses and congestion of the prostate, affections of the seminal vesicles, etc. Two chapters are devoted to electro-physics, electrolysis, and cataphoresis. Twenty-four wood cuts serve to illustrate the work most satisfactorily. One hundred and eleven pages are given over to the description and treatment by non-surgical means of thirty-five clinical cases. The following quotation is interesting:

"For the past fifteen years, since I have had my attention more especially directed to the prostate as an etiological factor of this trouble (paraparesis) I have not seen a single case of paraparesis or impaired

# The One External Remedy for Winter-Bred Diseases

**What Does the Word Libradol Mean ?**—The word is fanciful. It was created as a title for the pharmaceutical preparation to which it is affixed and was never known preceding the introduction of that remedy. Of one thing it is well to be assured, namely, that :—

**Libradol Is Not** a glycerin poultice ; it is not a clay mixture designed to act as a poultice, nor is it an imitation of any known mixture or compound.

**What then is Libradol ?**—A sixteen-page pamphlet, descriptive of its composition, history, pharmacy, and qualities will be mailed free to physicians desirous of knowing what Libradol is. Space is not sufficient here to describe it in detail.

**What Will Libradol Do ?**—It will relieve pain where other external applications fail to have any influence whatever. Try a leaf of paper spread with Libradol where poultices or other external mixtures do not give relief. Note its prompt, quick action in croup, as well as in painful parts.

**What Advantage has Libradol Over a Poultice, be it Hot or Cold ?**—The weight of a poultice is unbearable in many cases of acute pain and is even dangerous as a weight on the chest in pneumonia. Libradol has no such fault. It needs no artificial heat because it is stimulating enough in itself. Spread as thin as butter on a sheet of paper or on the skin, Libradol relaxes the tissues, quiets the angry nerves, and by its soothing influence produces restful sleep. And yet, Libradol contains no opium or cocaine. The question has been asked,

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**To What Affections is Libradol Applicable ?**—The sixteen-page pamphlet on Libradol gives the reports of physicians who use it in pain diseases, such as Asthma, Cough, Croup, Lumbago, Pneumonia, Rheumatism, and pain generally. A thousand or more physicians have written enthusiastically concerning its value in "winter-bred diseases" where prompt relief is necessary. For such, Libradol is unquestionably the most effective local application and the quickest in action.

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function of the lower limbs, where the prostate was not involved, unless due to syphilis or lesions of the spine."

R. C. W.

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**The Delineator for January.**—The Delineator begins the new year with an attractive cover and a display of all that is new in the fashion world, to say nothing of the many features of literary excellence. Of particular interest is an article by Postmaster-General Cortelyou, describing woman's place and share of work in the postal service. The article in the "Safe Food" series is devoted to a discussion of the real value of glucose as a food product. Celia Loftus gives her impressions of "Ophelia," a character which she has acted with success, and N. Hudson Moore writes of "Old-Fashioned Beds." The Education of the Child is the subject of a thoughtful paper by Dr. Grace P. Murray, and the Pastimes for Little Folks include the first of a series of fairy tales by Alice Brown. The various departments are filled with matter of interest and value to the woman of the home.

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**Minor Surgery and Bandaging**—Wharton. 600 pages, 12mo, cloth, \$3.00. Philadelphia: Lea Brothers & Co.

The sixth edition of Wharton's Minor Surgery maintains its reputation long established, as one of the best works of its kind. It is especially complete in illustrative and textual direction in the matter of bandaging and dressings. The vital importance of asepsis and antisepsis is kept in view throughout. Instruction on this line is painstaking and exhaustive. Fractures and dislocations are fully considered, covering over one hundred pages; while under operations the field of major surgery seems to be left rather restricted. If a student's means are limited, he could get on quite well with this small volume of 600 pages for the first few years of his course.

W. B. C.

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**A Text-Book of Legal Medicine.** By F. W. Draper, M. D., Professor of Legal Medicine in Harvard University. Octavo, 573 pages, fully illustrated. Philadelphia: W. B. Saunders & Co. Cloth, \$4.00 net.

The subject of legal medicine is one of great importance, especially to the general practitioner, for it is to him that calls to attend cases which may prove to be medico-legal in character most frequently come. Dr. Draper has written his work both for the medical practitioner and the medical student. He has not only cited illustrative cases from standard treatises on forensic medicine, but these he has supplemented with details from his own exceptionally full experience—an experience gained during his service as Medical Examiner for the city of Boston for the past twenty-six years. During this time his investigations have comprised nearly eight thousand deaths under a suspicion of violence.



The author's long teaching career has enabled him to state facts and detail procedures with a clearness never met in a work on legal medicine. Withal we think Dr. Draper's book is unusually satisfactory; it is more—it surpasses our expectations.

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We are just in receipt of the January issue of volume two of the BLOODLESS PHLEBOTOMIST. This little journal is issued for free distribution by the Denver Chemical Mfg. Co., and is something more than a mere advertising medium. The present number contains three very interesting original papers on Appendicitis, Pulmonary Tuberculosis, and Phagedenic Ulcer.

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Battle & Co. of St. Louis, Mo., will be glad to mail to any reader of the Eclectic Medical Journal, the last issue of their pamphlet on Intestinal Parasites.

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## COLLEGE AND SOCIETY NOTICES.

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### **Medical College Teachers of Ohio.**

Tuesday, Dec. 26, 1905, a meeting of this organization was held at the Great Southern Hotel in Columbus. Representatives from all the colleges of the State were present, and interesting papers were read and discussed by Drs. Barnhill, Scudder, Ravogli, Waite, Howard, Jones, Dickey, Eichberg, Skeel, and Buck.

In the evening a joint session was held in the Supreme Court room, in conjunction with the Ohio College Association, where the following papers were read and discussed: "The Cultural Value of the Fundamental Medical Studies," by Prof. J. P. Sawyer; discussed by Profs. Knight and Rice. "What Medical Subjects can be and what can not be properly and efficiently Taught in the Literary Course?" by Prof. A. M. Bleile; discussed by Profs. Herrick, Walton, Mercer, and Landacre. "The Administrative Side of the Question from the Standpoint of the Literary College," by Profs. Hunt, King, Welch, Dabney, Church, and Pierce.

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### **Iowa State Eclectic Medical Society.**

The thirty-ninth annual meeting will be held at Des Moines, May 16 and 17, 1906. Dr. B. R. Bement, President, has just issued the list of section officers, and every effort is being made to make the next meeting an unusual success. Dr. E. B. Fulliam, Muscatine, is Secretary.

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### **Johnstown City Hospital.**

A new hospital, with a capacity of thirty-five beds, has been erected and is nearing completion. The present structure will be used until an appropriation can be secured from the next legislature, when a larger brick building, accommodating over one hundred patients, will be erected. The present building is first-class in every respect, and is

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modern in all its features. It is under the control of the Eclectics of Johnstown and vicinity, who are members of the State Eclectic Medical Association. Dr. Kimmel Rauch is Secretary.

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The Indiana Eclectic Medical Association will meet at Marion, instead of West Baden, on May 22-24, 1906. The session will begin at 2 P.M. May 22d. Dr. Morse Harrod, Ft. Wayne, is President.

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#### **T. A. E. Notes.**

Bro. J. H. Christman, M. D., class of '03, is located with Bro. W. A. Latimore, M. D., class of '96, at 517 Wylie avenue, Pittsburg, Pa. They are doing a profitable business.

Married. on January 1, 1906, Bro. A. M. Van Horn, M. D., class of '05, and Miss Gail Swartz, both of Findlay, O. Alpha Chapter sends congratulations.

Bro. J. A. Sherman, M. D., class of '04, was in to see the boys the first of January. Dr. Sherman is located at Washington Court House, Ohio.

The Chronicler received a good long letter from Bro. C. L. Freidline, M. D., class of '03. Bro. Freidline is located at Stoyestown, Pa. His letter, which is addressed to the fraternity, is full of interest and encouragement.

We hope to hear from many more of the brethren.

Address D. E. BRONSON, Chronicler.

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#### **College Y. M. C. A. Notes.**

In our January notes we made mention to watch for some splendid meetings in the near future. We are glad to announce now that on February 3d and 4th we will have with us Messrs. E. C. Worman, of Otterbein University, and Arthur Parmalee, of Miami University, of Oxford, O. We will hold two sessions, one on Saturday afternoon and the other Sunday afternoon, in the lower lecture hall of the E. M. Institute. Mr. Worman's theme for his address is entitled "A Modern Clinic," and Mr. Parmalee's subject we did not learn, but it will be along the line of Missions.

The writer had the pleasure of meeting and hearing these men at the Y. M. C. A. Student's Convention at Lebanon, O., and can say they are men of power, consecrated to the cause they represent, earnest Christian men. We urge all students to attend these meetings. It will do you good.

One of the best meetings of the season was held January 18th at our regular meeting hour. Mrs. Dr. Thomas delivered a most scholarly and pleasing address, full of inspiration for the prospective medical missionary. She spoke of the excellent opportunities and need for the Christian physician in the foreign field, by drawing an analogy between the methods and agents used by the natives to combat disease, with the results obtained by the man who is skilled in the science and art of medicine, as practiced in civilized nations. Also how the medical missionary can prepare the way for the evangelization of those people who know nothing of the love and saving grace of the "Man of Galilee."

In behalf of the Association we extend our sincere gratitude to Mrs. Thomas for the interest she has in it, in giving us this excellent address.

D. E. RAUSCH, Itemizer.

## PERSONALS.

**Died**—At Clarion, Iowa, Dec. 19, 1905, Dr. Thomas Garth. Dr. Garth was born in Yorkshire, England, in 1835. At an early age he came to America, locating at Dubuque, and later enlisting in the civil war. He graduated from the E. M. I. in 1866. He practiced in his present location for over thirty-four years, and was one of the most prominent and active members of the Iowa Society. He leaves two children—one son, Dr. J. W. Garth, practicing in Clarion.

Died, at Alden, Mich., Dec. 7, 1905, Dr. P. Wilbur, E. M. I. '72. Dr. Wilbur practiced medicine for over forty years, having taken the Journal for this entire length of time. He leaves a good location, particulars of which may be obtained by addressing, with stamp, his daughter, Mrs. C. L. Smalley, Alden, Mich.

Dr. Carl A. Doolittle, E. M. I. '94, is superintendent of the Lake Keuka Sanitarium and Hospital, Keuka Park, N. Y. This Sanitarium receives all kinds of cases excepting insane and contagious diseases. The equipment is modern and up to date—good care in attendance, comfortable rooms, good table and personal supervision. Patients can have rest and comfort while being treated. Correspondence solicited.

Dr. J. Fred Wuist, E. M. I. '01, has recently been appointed City Physician at Dayton, O., and Dr. T. L. Gregg, E. M. I. '97, has been appointed Work House Physician in the same city.

Dr. W. W. Sheerer, E. M. I. '05, passed the Illinois Board, July 19th, and is now located at Burnside, Ill.

Dr. C. M. Fisher, E. M. I. 1862, of Rushsylvania, Ohio, has recently been appointed Medical Examiner for the Bankers' Life Association of Des Moines, Iowa.

**Locations.**—An up-to-date Eclectic could do well at Nixa, Mo., a growing village, with good surrounding country. For further particulars address, with stamp, Dr. A. J. Nokes, Nixa, Mo.

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## READING NOTICES.

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### **Idiosyncrasy or some other Reason.**

We meet with many cases in practice suffering intensely from pain, where for an idiosyncrasy or some other reason it is not advisable to give morphine or opium by the mouth, or morphine hypodermically, but frequently these very cases take kindly to codeia, and when assisted by Antikamnia its action is all that could be desired.

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### **Eusoma Compound.**

Dr. W. Raymond McDonnell, of Rockford, Ill., under date of Sept. 21, 1905, writes that having used Eusoma with satisfactory results in ulcerative conditions, he determined to rely upon it as an antiseptic and antipurulent in a case in which he performed the operation of circumcision under extremely unfavorable conditions.

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**Echthol.**—J. A. Herring, M. D., Myrtle Springs, Texas, says in the Alkaloidal Clinic, "I have just received the Clinic, and find an article by Dr. Thudichum on Echinacea. I have used it with perfect success for the last five years, first employing Lloyd's specific tincture, and later Echthol, from Battle & Co., containing echinacea and thuja. I give the former the credit. And I want to say that it is a specific for all that Dr. Thudichum says. It has been so in my hands. I have just counted

the empty Ecthol bottles in my office, and find twenty-six used in the last year. In fact, people come twenty-five and fifty miles to have me treat old sore shins and the like. It stops boils and carbuncles; and I give it in all glandular inflammations. Pus and Ecthol can not stay in the same place. Try it, doctor, and you will be convinced.

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**Conjunctivitis.**—Some miners employed in sinking a shaft near here encountered numerous streams of sulphur water. Though a careful analysis of the water has not been made, it is sufficient for me to state that it gives rise to an acute conjunctivitis. The pain is most excruciating, and can be relieved only by the use of cocaine, and even cocaine is useless unless preceded by Adrenalin Chloride. My practice has been to use Adrenalin Chloride, 1-2000, and to follow this with cocaine, two-per-cent, solution, and then to give the patient a boracic acid and cocaine solution to be used until all symptoms have disappeared.

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**Labordine in Influenza.**—Mr. T. C., Italian, 35 years, laborer, took sick four weeks ago. Diagnosis, la grippe. The usual remedies were employed, and after three weeks had passed little or no improvement was noticed. Had tried everything in the materia medica, and when I was going to give up the case, a sample of Labordine tablets arrived. I gave



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# THE ECLECTIC CAL JOURNAL

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## Original Communications.

### CASCARA SAGRADA.

By Herbert T. Webster, M. D., Oakland, Cal.

The term "cascara sagrada" ought to be dropped from every scientific work on materia medica, because it means nothing definite. It is an old Spanish name, applied to two or three kinds of bark in California, and means, as I suppose, literally, "sacred bark." "Sagrada," sacred; "cascara," bark. I notice that quite a number of writers in our medical journals are "mixed" on the virtues of cascara in rheumatism. They will always be confused until they are able to clearly discriminate between the different kinds of bark that enter into the various preparations of cascara sagrada. Some cascara is good for rheumatism, and some is perfectly worthless in that disease. Why is this so?

In 1896, if I recollect the time, I made this clear in an article contributed to the ECLECTIC MEDICAL JOURNAL. Manufacturers of fluid extracts, as a rule, prepare fluid extract of cascara sagrada from two kinds of bark, which are quite different in their specific effect, except that both are cathartic in property. Outside of their cathartic influence their therapeutic properties are not at all similar, though the cathartic property is the only one recognized by such people. If the cathartic effect were all that is to be expected, this might serve our purpose; but it is not.

Gatherers of sacred bark are usually small farmers, or their wives or children, who peel a little bark now and then, to carry to town and swap for groceries or other commodity; and these little "dabs" are finally gathered up in commerce, mixed, and find their way to larger houses, to be ultimately shipped east to some large manufacturer of fluid extracts. I have known the bark of scrub oak, and a species of willow that grows along the streams, to be gathered by such people and mixed with cascara or species of rhamnus; though it is all "sacred bark" to them if it will pass inspection; and it usually does, as the spurious is not readily detected, when dried. The lot, good, bad and

indifferent, is then worked up into fluid extract of cascara sagrada, and so labeled. The label is correct enough, but it is a libel on scientific pharmacy and decent therapeutics.

The two principal sources of cascara sagrada bark are *Rhamnus purshiana* and *Rhamnus californica*. Both are cathartic, but here their therapeutic similitude ends. *Rhamnus purshiana* possesses no influence in rheumatism whatever, as I have proven time and again in my practice, while *Rhamnus californica* is the most positive specific we possess, not only in acute or inflammatory rheumatism, but in muscular pain of rheumatic origin. It will be noted here that I believe in rheumatism as a disease, though not that every pain or ache with which humanity is afflicted is rheumatic.

It is absurd to write or talk, therefore, about the application of cascara sagrada to the treatment of rheumatism. It would be more reasonable to refer to *Grindelia* as a remedy for chronic malaria; for *Grindelia robusta* and *Grindelia squarrosa* are more nearly allied botanically than *Rhamnus purshiana* and *Rhamnus californica*; and yet, they are distinctly separate, as two therapeutic propositions, possessing no two similar therapeutic characteristics.

For two years I employed *Rhamnus californica* as a remedy for rheumatism before introducing it to the profession; but I gathered my own bark, and knew what I was using. Whenever I tried the fluid extract of cascara of the drug market, I was invariably disappointed, and I did this a few times, when out of my own stock. It is totally unworthy of confidence, unless one wants a slowly acting cathartic.

The only preparation of *Rhamnus californica* that I have ever found of service, or at least recently, is that prepared by Lloyd Brothers, and that is properly labeled, "*Rhamnus Californica*." The house of Clinton E. Worden, of San Francisco, prepared, for a short time, under my instructions, a reliable preparation; but the place has since changed hands, and I can find no more of it in the market.

If failure follows the administration of *Rhamnus californica* in rheumatism, it is usually due to the administration of too small doses. Infinitesimal doses are often the most appropriate and effective in the treatment of disease, but this remark does not apply to the remedy under consideration. Its best effect, or at least its prompt influence, follows upon the cathartic action of the drug. I have administered Lloyd's fluid extract in teaspoonful doses every hour in some cases of severe sub-acute rheumatism until it produced active catharsis, with almost instantaneous relief from severe pain, as soon as the bowels were in active motion. This is due, not probably because the bowels have moved, but because at that time the system was thoroughly saturated with the remedy. It is of very little use in small doses except in

chronic cases, then the dose ought to be fifteen or twenty drops. When aggravations occur, as they frequently do upon sudden weather changes, the large dose should be renewed for a little time.

I have given a teacupful of a strong decoction of the bark in agonizing pain, and repeated it two or three times, every half hour, with excellent satisfaction. A few days ago I was routed out in the morning by a neighbor whose daughter, a middle-aged lady, was suffering terrific pain about the middle, extending from the back around to the abdomen on the left side, and downward toward the bladder. I at first mistook the case for renal colic, but soon discovered my mistake. The pain was so intense, and the patient made so much outcry, that I proposed chloroform for temporary relief, but the remedy was refused for prejudice; and, as she was subject to rheumatism, I gave her a teacupful of a strong decoction of rhamnus as hot as it could be taken, and ordered another dose in half an hour. An hour afterward I called and found her asleep, resting quietly. Tablespoonful doses were ordered afterward, every two hours, until the bowels were disturbed, then three times daily. No severe pain attended after the first sleep, and the soreness was all gone the second day. The remedy was continued, however, for a week afterward. The only medicine she received besides this was arseniate of quinia, in the third decimal trituration — about two-grain doses three times daily — for a tonic effect. Slight malaria complicates nearly all our cases, though we seldom ever have regular intermittent fever here. Most cases, however, show a tendency to periodicity. Might mention, by the way, that we have mosquitoes.

An excellent adjunct to rhamnus californica in inflammatory rheumatism is specific jaborandi. It is probable that rhamnus acts in less time when combined with it. Some cases of inflammatory rheumatism which have been running six weeks or more, with nearly all the joints tense, swollen and shining, and the patient suffering and helpless, have yielded under these remedies within a week or ten days. Such cases have invariably been under old-school treatment, until they have been employed. In all such cases the tonic influence of small doses of quinine, or what is less objectionable, the third decimal trituration of arseniate of quinia, establishes a permanent effect. At least I think so.

In conclusion, let me advise the reader to beware of the fallacy of cascara sagrada in rheumatism. If you have nothing better, resort to macrotys, colchicum, oil of wintergreen, or the salicylate of sodium instead, for there is some reliability in them, while there is none in cascara sagrada, despite the old tradition about Dr. Goodwin.

Of course I do not counsel the exclusion of other remedies when they are specifically indicated. These may come in as valuable assistants, and are not to be overlooked. It is well to always have two or three ideas in one's head at a time.

## TREATMENT OF INTERMITTENT FEVER.

By John A. Burnett, M. D., Cecil, Ark.

In the beginning of the treatment of intermittent fever in sthenic cases, an emetic of lobelia is very important. It should be given in broken doses, with plenty of warm water. The emetic clears the stomach, starts the glandular system into active function, enhances secretions, arouses the nervous system, and relieves the brain of sluggish circulation. If an emetic is not indicated, or if preferable not to use it for any cause, the liver should first receive attention, as hepatic stimulants are needed in all cases. Specific chionanthus, given in fifteen or twenty drop doses, three or four times a day, will arouse the liver and clean a coated tongue in a short time. It is, in my opinion, the best hepatic stimulant in the materia medica. In many cases it can be combined with specific berberis or specific euonymus with advantage. The indications for chionanthus are: "Clay-colored stools, high colored urine, tenderness and pain in region of liver."

The following is a good all-round hepatic stimulant, and is very useful to arouse the liver:

R.—Specific euonymus, specific leptandra, specific zingiber, aa. ʒ ij. M. Sig.: Dose, five drops every four hours until the discharges from the bowels is the color of bright new wheat straw or a frothy appearance, then give less frequent.

The homœopaths consider chelidonium has a wider range of action in diseases of the liver than any other remedy. They give the mother tincture in from one to five drop doses twice a day. Chelidonium has been used with good results as a liver stimulant by other schools of practice. The Eclectic indications for it are: "Full, pale, sallow tongue and mucous membrane, skin pale and sallow, sometimes greenish." Dose of specific chelidonium, one to ten drops.

Drastic purgatives should not be used in the treatment of intermittent fever, but hepatic stimulants used in their place. When the liver has been aroused, then anti-periodics should be used. The following is an anti-periodic which can be relied upon in any malarial district:

R.—Specific gentiana; specific hydrastis, aa. ʒ iv.; specific cascara, ʒ ij.; salicin, gr. xx.; comp. tinct. myrrh, ʒ j.; simple syrup, ʒ viij. M. Sig.—To keep a chill off, give one drachm every hour for six to ten hours, beginning so the last dose will come one or two hours before the chill is due. All other times give a drachm every three hours. After keeping the first chill off, use it the same way before the second and third chill times, and then three hours apart for several days. If those who practice in malarial districts would give this prescription a trial, they would quit their large head-splitting and stomach-disturbing doses



of quinine. This compound can be flavored or disguised with most anything, such as sweet flag (*calamus*), cinnamon, anise, and many other things. It may be necessary to do this occasionally to keep patients from thinking you use one remedy too often, or that you use one remedy for most everything.

*Alstonia constricta* is a reliable anti-periodic. I have used it extensively here within two miles of the Arkansas River, which is considered a malarial district, and find it can be relied upon. To keep a chill off with powdered *alstonia*, give one grain every hour for six or ten hours, beginning so the last dose will come one or two hours before the chill is due. At other times give two or three grains every three hours.

I have experimented with cinchona bark, the sulphate, bi-sulphate arsenate and hydro-ferrocyanide of quinine, and find from experience that the bark is a more reliable anti-periodic than these alkaloidal salts. I have also found that patients can take cinchona without any untoward action who can not tolerate quinine, and it will not produce hematuria, as quinine occasionally does.

I find that cinchona gives best results when given in small doses. To keep a chill off, give three or four grains every hour for six or ten hours, beginning so the last dose will come one or two hours before the chill is due. At other times give five grains every three hours. An infusion will act quicker and better than the powdered bark. Lloyd's specific cinchona can be used in place of these. *Calamus* (sweet flag) will increase the anti-periodic action of cinchona. Cinnamon will make it more pleasant to the taste and more acceptable to the stomach, and prevent any tendency to hematuria.

*Hydrastis* is a very useful remedy to combine with cinchona in many forms of intermittent fever, as it is an anti-periodic and cholagogue of no little value.

There are several remedies which will control the temperature. Most physicians have favorite febrifuges. I have often given specific aconite solution (five to ten drops in four ounces of water) in teaspoonful doses every hour, and specific gelsemium solution (ten to twenty drops in four ounces of water) in teaspoonful doses every hour, and if it ever had any effect I could not tell it, neither could my patients note any change. I have often been told the following when using aconite or gelsemium as above:

"Doctor, I have given that fever medicine every hour since you were here, and it has not run the fever down at all."

I have not used *veratrum* very much, as I consider it a very dangerous drug, but have used specific *veratrum* solution (five to twenty drops in four ounces of water) in teaspoonful doses every hour in a few cases, with practically no results.



I mention my results with aconite, gelsemium and veratrum for fear some one will criticise my febrifuge, which is equal parts of lobelia asclepias and crawley, given in small and frequent doses until the patient begins to sweat, then only enough to keep them sweating. This combination is as far superior to aconite, gelsemium and veratrum as a febrifuge in intermittent fever or anything else as the first anti-periodic compound I have mentioned is ahead of quinine. Besides, it is safe; no danger in it.

I have found by experience that ten-grain doses of potassium bromide is far superior to ten-drop doses of specific gelsemium in relieving malarial headache and the convulsive tendency that is present in some cases when the fever runs high. This convulsive tendency more often occurs with children, and occasionally they have convulsions. I know one man, who has a large family, keeps potassium bromide on hand all the time, as when any of the children have much fever, they have convulsions if it is not used. When the above fever compound is used, potassium bromide is not often needed. When there is any nervousness during fever, cypridium should be added to the above fever compound, and when there is much pain, add sodium salicylate (made from oil of wintergreen). When the heart skips beats or needs sustaining, specific cactus is the remedy. It is the best heart-sustainer in the materia medica, and will pick up a skip beat quicker than any remedy.

Vomiting is occasionally very troublesome and hard to control. I have seen all size doses of calomel and hypodermics of morphine and atropine fail to relieve it. It is my opinion that vomiting more often occurs and harder to control in Southern States than in Northern States. I will quote the following, from the *Text-Book of Alkaloidal Therapeutics*, which I think is well to remember: "In some cases of persistent vomiting it seems as if the stomach requires a lesson — for in what other way can we explain the credit the following 'anti-emetic drops' possess? One-half ounce powdered capsicum, two drachms of salt, one-half pint each of vinegar and water; dose, a tablespoonful"

A retired physician, whom I knew to be very successful in practice, told me that a fly blister applied to the fourth dorsal vertebra would cure any case of vomiting in pregnancy, and I am of the opinion it would be of value in all cases of vomiting. At least it deserves a trial.

In some cases of intermittent fever the patient will have night sweats, or sweat too much when not taking diaphoretics. When this is the case, one of the following will relieve it: Belladonna, aromatic sulphuric acid, or cimicifuga. When there is much acid condition present, neutralizing cordial is a useful remedy. Potassium acetate and water-melon seed will usually do for kidney remedies when needed.

In chronic intermittent fever, when the spleen is enlarged, the following will be of value:

R.—Potassium iodide, ʒvj.; fld. ext. phytolacca, ʒij.; tinct. sanguinaria, ʒj.; simple syrup qs., ʒvj. Sig.: Dose, one drachm three times a day.

It has been noticed in a few cases, where patients were taking potassium iodide and bichloride of mercury, for syphilis, that they were exempt from malaria, no matter how much exposed to it.

*Grindelia squarrosa* is highly recommended in chronic malaria, with enlargement of the spleen and liver. The fluid extract should be given every four hours in twenty-drop doses, the dose being increased every third day until it reaches forty-five drops, unless the physiological effect is reached before. The physiological effect is a choking sensation in the throat, but still the patient can swallow all right. *Grindelia squarrosa* is also a prophylactic against malaria. *Lycopus* is also valuable in chronic intermittent fever, with enlargement of the spleen, and as a prophylactic against malaria. Dr. Med Eric Graf von der Goltz, in his *Pocket-Book of Biochemical Practice*, which has just been published, gives the second decimal trituration of arsenic iodide as a preventive of malaria. The homœopaths consider the mother tincture of *ceanothus Americana*, given in five-drop doses, the best remedy for enlargement of the spleen. Many Eclectics and others have used *ceanothus* for enlargement of the spleen, as well as polymnia. Polymnia is used internally as well as externally in ointment form over the region of the spleen. Another good remedy for external use is ointment biniodide of mercury, a piece the size of a bean rubbed in over the enlargement every night and morning, and exposed to a warm fire or hot sunshine one hour after each application. Croton oil and glycerine, equal parts, or croton oil one drachm and oil origanum one ounce, applied over the region of the enlargement once, then the place to be healed up by antiseptics and re-applied when well, this being continued until the enlargement is reduced, is claimed to be very reliable. I was told by an experienced physician, who practiced in malarial districts all his life, that he never knew the third application of equal parts of croton oil and glycerine to fail to reduce an enlarged spleen. In the treatment of chronic intermittent fever it is very important to reduce the enlargement of the spleen in order to permanently break up the chills.

A patient with intermittent fever does not often have diarrhoea, but occasionally they do, children more often than adults. When this is the case, the following can be used:

R.—Fld. ext. coto bark, ʒiv.; neutralizing cordial, ʒjss. M. Sig.: Dose, one drachm every one to six hours, as needed.

All patients with intermittent fever should have all the lemonade

and orangeade they desire, as it is very important. During convalescence Howe's acid iron tonic or calcium lactophosphate (soluble) will often be very useful.

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### CONFIDENCE IN DRUGS.

By Wm. H. Russell, M. D., Ipswich, Mass.

It is refreshing, in these days of medical pessimism, to find a physician who has confidence in drugs as a method of treatment of disease expression.

I believe Dr. Nicks' treatment of pneumonia, on page 36 of the January JOURNAL, is certainly strenuous. Why does he use a mixture of tinctures and fluid extracts, when Lloyd's specific medicines are uniform in strength and reliable? In his first prescription the patient gets one drop of the ordinary drugstore tincture of Veratrum, two drops of fluid extract of Gelsemium, and one-half drop of fluid extract of Bryonia, once every hour and a half or two hours. His indications for the above remedies I do not criticise, but I question how much effect he will get from one drop of the drugstore tincture of Veratrum Viride, given as he directs. Give me more reliable preparations, Doctor!

Many practitioners are not careful about giving cathartics. I think the bowels should be unloaded at the first visit, but diarrhoea on the fourth or fifth day is a bad symptom. "When the fever is high, give a medium dose of Acetanilid with every other dose (*i. e.*, every three or four hours) of the Veratrum mixture." What is a medium dose of Acetanilid? Hare gives the dose of Acetanilid, "from two to ten grams." He says ten grams is far too much. A medium dose should be five grams.

Old-school authorities to-day caution physicians against prescribing coal-tar remedies; they have gone decidedly out of fashion during the past five years.

*The Medical Bulletin* (old school) says: "The coal-tar group of drugs bring on alarming, and even fatal results."

*The Medical World* (old school) says: "It is thought by the most careful and conservative practitioners that such a dangerous depressant as Acetanilid (or other coal-tar products) should not be used at all in any stage of pneumonia, even in the first stage in plethoric subjects." Eclectics have always been careful in the use of coal-tar preparations. If Dr. Nick's pneumonia patients have recovered, he is to be congratulated, or rather his patients are to be congratulated in having survived both treatment and disease.

Coal-tar preparations have gone out of fashion with the old school.

Acetanilid has killed its thousands ; people are dropping dead by scores in all of our towns and cities as a result of this powerful heart depressant, which is the basis of most " headache powders." Its baneful effects will be visited even upon the third generation. The sale of these preparations has dropped off so largely among physicians, because of the many deaths which have come to their notice from their use, that these preparations are being advertised now directly to the laity.

If you give your patients Acetanilid, and cyanosis and heart failure ensue, don't attribute death to a visitation of Providence.

The consensus of opinion among the leading thinkers of all schools of medicine is that the coal-tar group of drugs are extremely dangerous, and should not be prescribed.

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### DIPHTHERIA.\*

By Harry D. Todd, M. D., Akron, O.

Diphtheria is an acute infectious and contagious disease, produced by the presence and development of the Klebs-Loeffler bacillus.

It is characterized by the presence of false membranes upon the surfaces primarily attacked, especially the mucous membranes of the nose, pharynx, larynx, or trachea.

Diphtheria is divided into two varieties, viz.: true diphtheria and pseudo-diphtheria.

The first, or true diphtheria, is that in which we include all acute inflammations of mucous membranes, associated with the presence of diphtheria bacillus in sufficient number to constitute a causative agent.

The second variety, or pseudo-diphtheria, are those cases resembling diphtheria, but not showing the presence of the Klebs-Loeffler bacillus.

The part affected has a great deal to do with the symptoms and the course of the disease. We therefore speak of nasal, pharyngeal or tonsillar, and laryngeal diphtheria.

It will not be necessary to describe the symptoms of the various varieties of diphtheria, for they are too well known to any of us who have had to do with diphtheria.

Of the complications and sequelæ there are many, otitis media, pneumonia and heart failure being the most common. In rare cases the stomach may be involved in the diphtheritic process, but gastric symptoms are common, persistent vomiting being a grave symptom.

The kidneys are more or less affected in all cases of severe diphtheria, the lesion becoming manifest during the height of the disease.

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\* Read before the North-Eastern Ohio Eclectic Medical Association.

The nervous system, too, is a frequent site of attack, paralysis usually complicating the severer cases of the laryngeal form.

The diagnosis of diphtheria is sometimes very difficult, especially the milder forms.

The period of incubation after exposure is from two to ten days, usually two or three. The onset is with fever (102-104), chilliness, headache, pain in the back and leg. A convulsion may occur in infants or very young children. Albuminuria is common.

Pseudo-diphtheria is the most common, with which the true may be confounded; also some cases of follicular tonsillitis.

In true diphtheria there *must* have been an exposure to infection: the greatest liability to attack is from the first to the fifth year; removal of a portion of the exudate leaves a bleeding surface, which in other forms of exudate affections of the throat does not occur, and which in true diphtheria leaves not only a bleeding surface, but a rapid reproduction of a greater amount of exudate.

The prognosis should be very guarded.

In the treatment of diphtheria, as in many other diseases, it's the same old story. Follow your indications as closely as possible. My actual experience in treating diphtheria has been very limited, having in six years' practice only thirty cases in my own practice. In none of these cases was antitoxin administered, and happily they all recovered; not saying that I am opposed to the use of antitoxin, except on general principles. There may be cases, and undoubtedly are, where antitoxin can be advantageously used, but I think its use as a general routine should be condemned.

The hygienic surroundings of the patient are of utmost importance. The patient should be kept in a light, well ventilated room. The vessels used for the reception of the excreta should all contain some antiseptic solution, (and here let me say that in the solution selected for this purpose, especially in diphtheria, there is nothing superior to chloride of lime,) which should be removed soon after being used and replaced by fresh solution.

Absolute quiet of the patient is important. The diet is necessarily liquid, and should be of the most highly nutritious.

Of the medicinal agents we think of, Aconite in small doses in the earlier stages of the disease, with high temperature. This is usually combined with Phytolacca, and with either Belladonna or Gelsemium, as the case may be.

Tr. Chlor. Iron in from three to five drop doses, well diluted, is an excellent remedy.

Later, as the disease progresses, and we get the typical odor, resembling animal decomposition, Baptisia stands most prominent; also Chlor.

Pot. in one-half grain doses, and Echinacea. When the secretion of mucus is tough and tenacious, Bichrom. Pot., 1-100 grain every three hours, is beneficial, and I think has a marked influence on loosening the exudate.

Inhalations of steam from Chloride of Lime and water are beneficial, and afford great relief.

In the croupous or pseudo form one of the most valuable remedies is the combination of Sanguinaria Nit., one-half grain to four ounces, diluted acetic acid. This may be given in from one-half to one drachm doses, and repeated as often as necessary, depending on the severity of the case.

Of sprays and gargles, they should only be used when necessary, the most efficient, I think, being the warm salt solution.

## FELONS AND CATARRH.

By C. D. R. Kirk, M. D., Shuqualak, Miss.

Every Eclectic should send the good old ECLECTIC MEDICAL JOURNAL a check for \$2.00 and an original article of value to some of its many readers. Do this to-day.

Very often we meet persons who have lost the first joint, and sometimes the second joint, of a thumb or finger. This deformity is not only a reminder of long, intense pain, but it speaks words of condemnation for some careless physician, who knows no more of the above diseases than any layman. "All are felons" is about the best he knows.

These are two distinct diseases — felons and catarrh — but I don't know how the latter name came to be applied to a certain form of felon; it, however, seems to have the right name. The felon comes first very deep, perhaps under the periosteum, and as nerves, fascia muscles and all tissues are crowded out by the pus that continues to form, the pain is almost unbearable. Morphine and relaxing poultices must be used to procure rest.

The "catarrhal condition" forms just under the skin, and in a few days it points, (in several places, in some cases,) and is plainly to be seen. Sometimes it is around the nail, but is mostly in the region generally occupied by a felon, save that it is never at first deep, as is the case always with a true felon.

The very best treatment for a felon locally is to make a deep incision, but this should never be done for the "catarrh," as it carries the poison down to the bone, where it invariably is more or less destructive; but a superficial incision should be made, which is followed by pouching or "blooming" of tissue, which can only be relieved by the use of caustics.

If the tongue is any shade of red, carbolic acid should be applied as often as the pain is severe. Use the melted crystals, using a pointed stick or other pointed instrument. Of course a free application of the acid would be too painful, as the pouched tissue is very tender, but by taking some time, the pointed stick or toothpick will not carry so much, and the pain is therefore bearable, and complete relief follows the application of the acid, which should be applied to the whole of the diseased surface.

If the tongue is coated white, the sesqui carbonate of potassium in solution, or dusted on in powder form of full strength, will be the remedy. In either case a light, hot poultice of flaxseed or mush should follow the application of the caustic. I inject a solution of cocaine into the pus cavity, then make the incision, and follow with a clean probe wetted with spirits of turpentine, and by several weeks the pus is worked out and the cavity left in an aseptic condition.

The hypodermic needle should be slowly introduced, not directly down to the pus, but turned out, as if the operator was trying to pull or push the skin away from the pus, and when the needle causes a little pain, inject a drop and wait a short while, and then turn the needle in toward the pus and force another drop of the anesthetic in, and allow the needle in a short while to enter the pus cavity with only a slight pain. Sending a bistoury to the bone is the best remedy for the felon, but certainly the worst for the "catarrhal form." The proper systemic remedy, generally some form of lime, should be given.

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### FRACTURES.\*

By Chas. A. DeWitt, M. D., Atwater, O.

A fracture is a broken bone in whole or in part, and may be divided into three classes, Complete, Incomplete, and Compound.

The complete may be again divided into (a) method of production, as direct or indirect violence and muscular; (b) direction, as transverse, oblique, longitudinal; (c) seat, as shaft, neck; (d) relation to joints, as intra-articular, extra and intra-capsular.

Incomplete may be classed as (a) greenstick, where we find splitting, with bending of the unbroken part; (b) fissured, as where a bone is partially split or cracked.

To the third division belongs that class of cases which can give the most worry of all, compound fracture, which may be produced by the same force that breaks the bone, by movements of patient while delirious, and by rough handling.

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\* Read before the North-Eastern Ohio Eclectic Medical Association.

This paper is supposed to be short, and many things I have left out that should be in a complete description of this class of surgical work, my idea being to present the matter as it comes to us when called to an accident, no time for anything but pick up your outfit and hustle.

My surgical grip is always packed. In it I have gauze, bandages, chloroform, carbolic acid, bi-chloride tablets, antiseptic soap, minor operating case, antiseptic dressing powder, of which I like Mulford's Bismuth Formic-Iodine, roll of adhesive plaster, syringe, and Kelly pad. On a near-by shelf I have a box holding my splints, which I make and have on hand. They are of basswood, one-eighth of an inch in thickness and from one-fourth to one-half inch in width, and in various lengths up to two feet.

In making the short splints, I took four pieces and bound them together with adhesive plaster, leaving a space between of a quarter of an inch.

Of the long splints, I took seven of the strips and fastened the same way.

The advantage of these splints is, that they are light, strong, and partially encircle the limb, which makes the chances of the ends slipping much less. The idea of these splints was taken from seeing a cut of the Gooch splint.

The plaster-of-paris splint is one that holds, and is satisfactory if put on carefully. Where extension is necessary, I have used the fracture-box with good results.

Probably each of us have our favorite splints, but to my mind it does not matter so much as long as we obtain the best possible results, considering the circumstances of the case.

In examining a case of suspected fracture, we can not be too careful. I depend on deformity, abnormal motion, crepitus and pain at the fracture; a history of the accident may also be a help. The x-ray would give a positive diagnosis, but all are not blessed with an outfit.

In the last few months I have attended two fractures of the clavicle, three Colle's fractures, two fractures of ribs, and one green-stick fracture of the ulna.

In reducing fractures where the pain is very great, or an extreme nervous condition, I use anæsthesia.

Immediately after reducing the fracture the dressing is applied, first a layer of cotton, then the splint, and then bandage snug. Where the swelling persists, the bandage has to be loosened, or the circulation is disturbed, and the doctor cursed for putting it on too tight. I always warn my cases that should the extremities turn blue, to loosen the bandage, or send for me if they are afraid to tackle it.

I leave the first dressing on for twenty-four hours, then apply the



permanent dressing, after assuring myself that the parts are placed correctly. I am in the habit of changing the dressing two or three times a week and give the parts a gentle rubbing; it may not do any good, but makes the patient feel much better.

I warn the cases to exercise the greatest of care in handling the parts, as there may be some deformity, and should they not be careful, it may be so great as to require re-breaking.

In the rib fractures I employ adhesive plaster drawn tightly around the chest over the fracture.

In the Colle's fractures, I reduce them by extension and pressing the parts back in place, and apply the dressing snug as possible. In one case, seventy-two years old, I did not get good results, for after the first few days they would tamper with the dressings, in spite of my warnings. In the other cases no deformity is noticeable without a very close examination.

The green-stick fracture of the ulna was in a little fellow seven years old, and I could not get that entirely straight without breaking the radius. I advised the parents what would have to be done to make a perfect job of it, and they would not consent.

In reducing fractures of the clavicle, I use an upward, outward and backward action, placing a thick layer of cotton between the arm and side, and the hand placed well up toward the opposite shoulder, and fasten it there with either adhesive plaster or bandages.

Lately I have not had any compound fractures, but in the past have taken care of a few cases, and by being thorough in cleansing the wound, having good drainage, care, and strict attention afterwards, most of the cases recovered nicely.

Common sense and experience applied rightly will usually give good results in handling cases of fracture.

Now, gentlemen, I realize that this paper is not complete in every respect. To make it so would require nearly all the time of the meeting and exhaust the patience of the members.

I believe short papers upon a variety of subjects is much better for the interest of our meetings than to have one or two long articles that take all the time, and as I understand it, these meetings have for one of their objects the interchange of ideas that may come to us in our every-day work. We all have our reference libraries, where the different subjects are given thorough attention.

I hope you will excuse me if, by expressing my ideas so plainly, a condition has been produced in any member whereby he would like to fracture me.

## PARISIAN MEDICAL CHIT-CHAT.

Translated by T. C. Minor, M. D., Cincinnati.

They have now discovered biothecanthropes (?) in Java. We recommend these little humbugs to Metschnikoff, the immortal medical bunkoist, who cures *old age*. A man who can discover the cure for a green old age needs no eulogist.

The cure is easy. Metschnikoff takes curdled milk three times a day, and has followed this practice for ten years. He has even made a convert of his patron and High-Munky Protiff, Roux. To see Metschnikoff and Roux drink curdled milk in order to live to be one thousand years old is one of the grand sights of Paris.

Rest easy, my medical confreres, and chant "*In manus tuas, Domine.*" Dear Doctor, into thy hands we will not commend our spirits, which might be, after all, only Bourbon added to the milk, with the addition of a little sugar and a couple of eggs, not the nourishment of any fine apostle of microbiology.

In Metschnikoff and his school there are good and bad germs. Who in the Devil cares? It is necessary to find some good microbes, since so many bad ones have been discovered. Ah, these bad microbes, that perform more than eight hours' labor a day, no wonder they tend to destroy humanity! Metschnikoff, the good professor, gives the first prize to the microbes that live in the intestinal tube and secrete lactic acid, the effect of which is to prevent intestinal putrefaction, and thus act as antiseptics. The old American buttermilk cure for intestinal dyspepsia was what first called attention of French savants to lactic acid in bowel complaints, and it is, in fact, a wonderful remedy, without regard to the question of microbes.

But, my gentle Metschnikoff, why is it that babies that secrete lactic acid (one can see the cheese they produce on their diapers) are so often very sick? Is it possible that the lovely microbes put too much zeal into the manufacture of this lactic acid? But this excess is a fault, says the Wisdom of the Ages.

But to be able to drink curdled milk eternally is to be capable of performing the work of Hercules. One would profoundly modify his alimentation to take this diet. How? Judge, then, my medical brother! In order to be old, one should never eat artichokes, radishes, salads. No fruits nor wines should be taken, not even the festive and salutary highball. As for beer, hard cider, absinthe or champagne, let them be forever forsworn. *Drink only boiled water, free from typhoid germs*, following the rule laid down by Health Officers the world over, who were never known to even taste — *boiled water*.

What an ideal existence! Curdled milk and boiled water! Still there are lunatic asylums open, even for astute sanitarians.

But this is not all. Curdled milk can not be obtained everywhere. *The kind of milk* Metschnikoff calls for is from Bulgarian cows. The cows in Bulgaria are said to all live for fifty years. That is the reason the Bulgarians are so tough. \* \* \*

Serums have had their day. Even the famous (in the opinion of its followers) Doyer serum, that was to cure cancer, has been pronounced a humbug. Its discoverer is now being sued by an American, who was charged \$20,000 for the injection for his wife. The patient died, and the lawsuit is now the sensation of Paris and New York. One hundred thousand francs for the serum used on an American wife (and death thereafter)! Barnum was right when he said the greatest fools were among Americans.

"Where is the anti-streptococcine serum now?

Ask the lump of lupus that sat on a German brow."

The iodurated staphylaxis that cured all maladies, from coryza to furuncle, from impetigo to osteomyelitis, influenza, and the charlatans who indorsed such remedies, mostly Americans, having a living in the service of proprietary medicine men, emulators of Fontanarose, of the magic philters, that cured everyting, from professional jealousy to piles and bad teeth. Verily the nineteenth century overcapped all others for medical humbug, dignified by the name of science.

Better to laugh, however, than shed tears, said the good Cure of Mendon. Why discuss microbes more, or even pay attention to the pseudo-scientists who extol their virtues? How many microbes manufacture intestinal poisons? It appears that there are exactly 2,807,290 generated every twenty-four hours. On days of great heat the number reaches sixty-six millions, so we are told by medical scientists, and they should know, for have they not counted them, and should not all the medical world ~~then~~ accept this record, rather than go over them with the count again? Did you ever verify their scientific statements by count, gentle reader? We think not. In this number, we are told, are many good microbes. It is to be hoped so, for in that little intestinal world the saints must be numbered among the sinners.

"Let us see," as Rabelais remarked. "Would you say it were a fact, logically inferred from the above, that all the world had turned fools, or that it has become wise?" \* \* \*

Dr. Commenge, Physician to the Police in Paris, has just issued a volume on the subject of "Clandestine Prostitution in Paris"! The discussion on prostitution in the Paris Municipal Council had only closed, when this work was published. It is noticeable in this book that Doctor Commenge has not changed the views he enunciated in 1897.

In one chapter, the author compares the fine projects of organization of 1890 and 1904, showing the similarity, among other things, of the transfer from the Prefecture of Police to the Prefecture of Paris, to the Prefecture of the Seine, of all relating to the prevention of venereal diseases and prostitution, the only difference being that in 1890 the registration was maintained, while in 1904 it was stopped; nevertheless, prostitutes must still make a declaration of intention, and also present a certificate of health to a special sanitary officer; this is equivalent to a *free certificate*, from the prophylactic point of view.

The plan of 1904 requires that a prostitute who presents herself at the Health Office must have a certificate given by a qualified physician or a sanitary medical inspector; and this has resulted in a special hospital organization for prostitutes.

There was no need of changing the old plan, as it was all-sufficient, from this standpoint. While in 1904 the special public hospital was suppressed, in 1890 the hospital established prevented the promiscuity of prostitutes, itself a source of contagion.

Both plans for restricting prostitution did away *with the prison idea*. In 1904 more attention was paid to looking after diseased prostitutes, who could not be sent to hospitals. Night consultation, with free medicines, were given.

The problem studied by distinguished men was very simple. It was an odd thing to suppress the special regulation of houses of prostitution and assignation houses, while still making an effort to keep up a certain police supervision in all concerning hygiene and the prevention of contagious maladies. It seemed a difficult thing to apply prescriptions, if control were suppressed.

Our author afterwards goes into a discussion of the methods of prophylaxis in the army, and mentions the army circular of 1902, issued by the Minister of War, for the instruction of soldiers and sailors. Then comes the refutation of certain assertions regarding the management of the dispensary. The Municipal Council was told that one must have time to diagnose a gonorrhea.

The Municipal Council of 1904 did not seem to take into account the established venereal statistics that should be useful, and are held by those who believe in the regulation of prostitutes. In England, where there is no regulation of non-syphilitic diseases, there were in 1888 334, while in Germany the proportion was 16, and in France 46. As for syphilitic maladies at the same period, the proportion in England was 40 per cent., 6.8 in Germany, and 9.3 in France. If Germany had lower figures than France, it was because prostitution is much more closely watched. In Austria-Hungary the proportion of venereal syphilitic diseases is very high, but much less than in England; what makes

the Austrian figures high, in Austria, is that clandestine prostitution is so common, and slightly watched.

The Municipal Council reports it has a disagreeable impression of London's notions on prostitution. At different times English physicians have demanded that measures be taken to stop the spread of venereal disease in the army. While in 1882 to 1890 the graver forms of venereal disease in the German army was 5.50, it was 14.40 in the Dutch army, 175.4 in the British army, and 259 in the Indo-British army. This shows that freedom in prostitution produces dire calamity for the English.

In Italy there is a somewhat free practice in prostitution, yet there are certain restrictions placed on public women. The prostitute has a right to enter a hospital, but can not leave until cured, or at least free from evident contagion. Landladies are obliged to submit their houses to medical inspection. But, on the other hand, clandestine prostitution is common in Italy, and a source of danger.

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### HYDROCELE—OPERATION FOR ITS RADICAL CURE.\*

By E. F. Davis, M. D., Cleveland, O.

Hydrocele is an effusion of fluid within the tunica vaginalis testis, whether congenital or acquired from a slight injury, as a blow on the scrotum or a strain.

Occasionally it is quite difficult to diagnose it from hæmatocele, though the treatment in the majority of cases is nearly the same. Be careful in your diagnosis. First, get a history of the case, how long standing or coming on; second, examine carefully as to transparency and fluctuations within the tumor; if the tumor is dark colored and hard, put a light behind and see if any transparency can be noticed.

Hydrocele usually begins at the lower part of the testicle, and is shaped like a pear, with a gradual growth and some pain. The enlargement is continuous, though usually slow. Be very careful to see if the tumor can be reduced. Let your patient lie down in a recumbent position. If you can, push it back into the abdomen. You will readily know that you have a hernia, or hernia with hydrocele. If the tumor remains stationary and fixed, you very likely have hydrocele. If there is any doubt in your mind as to diagnosis, *introduce the exploring needle*. If you find fluid and no feces, then you are positively sure of your diagnosis.

In former years we tapped the scrotum, and when we had a re-accumulation, tapped again, and kept on tapping. The next effort toward a

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\* Read before the North-Eastern Ohio Eclectic Medical Association,

radical cure was injections of port wine into the empty sac. Sometimes a solution of Sulphate of Zinc, after a while Comp. Tinct. Iodine.

By the way, Iodine is a pretty good remedy. I have used it frequently, with good results in the majority of cases. Sometimes we have very severe inflammation following its use.

I think the best remedy for radical cure is Thuja, After removal of the fluid from the scrotum, I take one part of Thuja and two parts of distilled water; have it lukewarm; inject the solution into the tunica vaginalis by having a small syringe to exactly fit the head of the canula; then place your thumb of left hand over the mouth of canula and manipulate the scrotum until every part of the inner side of the tunica vaginalis has been touched with the solution; then remove your thumb and let the fluid pass out. Then withdraw the canula and put the scrotum in a suspensory bandage, so it will be kept in its proper place for from ten to twenty days. Have your patient keep as quiet as possible two weeks. Your patient will get well, and remain well cured entirely within twenty days. It is very important that your bandage should fit properly, so the scrotal sac will remain at rest when the patient is moving around.

I operated on a man seventy-two years of age, some time ago. He had had four tappings before, but the sac filled up again in a brief period of time. My one operation was followed with success. He has been perfectly well ever since, being now about four years ago.

Another patient, sixty-seven years of age, had been tapped, I think I am safe in saying, a dozen times; had had injections of Iodine; still no cure. Well, I injected Thuja, equal parts of distilled water. He did first rate for a week or so; went on to his business. He overdid the matter, which was followed by *active inflammation*, with suppuration and sloughing of the part, but by good, careful treatment he got well entirely; has some thickening of the walls of the scrotum, but is enjoying good health ever since. Therefore I will say that every patient should be very careful of himself for at least two weeks after the operation, for a radical cure. I don't think there is any danger of the disease returning when these thoughts are carefully carried out, or at least I have had no cases relapse after the above treatment had been carried out carefully. These are old people I am talking about. Young subjects do not require as careful attention as aged men. Of course our instruments were all aseptically prepared by heating in hot water before using.

**FRACTURE OF THE FEMUR.\***

**By J. J. Entz, M. D., Hillsboro, Kans.**

With the common cases of fracture of the femur we are well acquainted, but I want to bring a case before you of which I have a skiograph, which shows the condition plainer than I can describe.

This case, H. B., was referred to me by a friend. On examining the leg I found that the patient had had a fracture of the lower third of the femur; it was four inches short; an overlap of two inches, as you will observe, in the photograph. This patient had been treated by a surgeon, and was discharged as "all right."

Five months after the discharge of the patient, when he came under my observation, union had taken place between the two overlapping bones, but when the weight of the body was placed on the diseased leg, he would experience a great deal of pain.

The only means of relief I saw was by refracturing the leg; this looks very easy, and when we read some authors on this subject, is quite a novelty.

The patient was prepared for the surgical operation; two strong men seized the leg and attempted to refracture, but we failed.

A six-inch incision was made on the outer lower leg, over the seat of the fracture; the union was broken up by chisel and hammer; the ends were cleaned off, and extension made to bring ends together. The wound was then aseptically dressed; the leg from toe to hip was put in plaster of paris. Extension by weights was put on foot in order to keep bones in apposition (separation). The patient was kept in bed for six weeks, when plaster of paris bandage was released. The incision had healed by immediate union, but the fracture had not united; it was now a simple un-united fracture. Three more weeks we waited to see results, which were negative.

Another operation was decided on. The incision was made a trifle higher in order to evade the cicatricial tissue; the muscular bands were cut, and the ends of the bones were cleaned off, as in the first operation; one hole was drilled on the anterior surface of each end of the femur and an ivory peg inserted; the pegs were then firmly tied with silver wire sutures; another ivory peg was laid parallel on the posterior surface of the femur, and silver wire sutures were thrown around the femur and ivory pegs. This held the ends of the bones from slipping, and a firm coaptation resulted.

The wound was again aseptically dressed and the leg put in plaster paris; at the end of four weeks union had taken place. Eight weeks

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\* Read before the Kansas Eclectic Medical Association.

after the second operation the patient was sent home with a straight leg, excepting one inch shortening.

I give this case for the simple reason that when the first operation was performed I relied on the teachings as laid down in text-books, and used extension in the hope to prevent shortening of leg, in which I failed. In the second operation I relied more on my own judgment, and was successful.

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### Seton Hospital Reports.

PROF. L. E. RUSSELL, SURGEON.

**CASE 94.**—Dr. W., of Vincennes, Ind., complained of pain in the right eye at the inner canthus, some twelve months ago, and, as he thought, due to a foreign body like a cinder. On our examination of the case this morning, in the Clinic, we find a bulging mass from the right orbital region; the upper and lower eyelids completely everted, and the morbid growth proceeding from the inner canthus on either eyelid and thoroughly attached to the sclerotic tissues of the eyeball.

The patient having been thoroughly anæsthetised, we now proceed to dissect loose this morbid mass, commencing with its attachment at the upper eyelid, and extending the dissection completely around the malignant growth. We have now removed the mass from the eyeball, but we find it infiltrated into the sclerotic tissue to such an extent that it will be impossible to remove it all, except by extirpation of the eyeball. We will take the two-toothed tenacula forceps, and pushing both prongs of the tenacula hook well back, and attach to the superior and inferior portions of the center of the eyeball, and with the assistants slightly tracting the eyeball toward the inner canthus, we commence at the outer angle and dissect loose the muscles and attachments. We use scissors curved on the flat, and as the outer incision is completed, the eyeball is turned immediately upon the scissors and the inner attachments severed. We have now removed the eyeball, and the malignant growth within three minutes of the time of the commencement of the operation. We find this to be an Epithelioma. There is very little hemorrhage following this operation; not a sufficient amount to require ligature or forcep pressure. The cavity will now be packed with iodoform gauze, crowding the same well within the cavity and pulling forward the upper and lower lid for the purpose of preventing adhesions of either lid to the traumatic surface. The hospital interne will be instructed to withdraw the gauze within forty-eight hours; cleanse the wound carefully, and lightly re-pack with iodoform gauze. We shall subject the patient to a few exposures of the X-ray with the rheostat closed, so that the X-ray shall be very light in its penetration. I take



occasion to say at this time that I firmly believe that if this patient had submitted to the treatment of the X-ray in the beginning of the lesion, he would long since have been cured, and I believe permanently, of this Epithelioma.

Whatever else we may say in regard to the treatment of malignant regions with the X-ray, I believe Epithelioma will yield to the influence of the X-ray better than any other means known to the profession, with this advantage: that there is very little, if any, scarring of the tissues following mild treatments of the X-ray.

CASE 95.—Charles G., fourteen years of age, referred to the Clinic by Professor Watkins on account of a tubercular lesion on the left condyle of the femur. This boy had a lesion of the right leg, extending from the head of the tibia to the lower third. This, as you observe, has entirely healed across and filled in, so that the part is perfectly smooth, only a little of scar tissue remaining to show the extent of the operative procedure. We shall now make an elliptical incision extending four inches on the outer surface of the leg, cutting away all scar tissue and fistula track, extending the incision down to the femur and the condyle. This elliptical incision has now been dissected away, and we have here exposed a large spicula of bone, one-half by two inches. This is the foreign body that Nature has been attempting to digest for the last six months. We now, with the sharp bone curette, scrape out all of the diseased mass that we may find, and then with the chisel cut loose all of the roughened edges surrounding the cavity, which extends to the center of the femur. This wound will be packed with iodoform gauze, saturated with ten per cent. emulsion of iodoform in glycerine. The wound will be re-dressed as soon as required. Every few days the cavity will also be washed with peroxide of hydrogen, and after thoroughly cleansing and wiping dry the wound, we shall again pack with the iodoform gauze saturated with iodoform emulsion. The patient will be allowed to leave the hospital in a few days, and under the influence of good, nutritious food and outdoor exercise, we shall expect a complete recovery and an immunity of the patient from further destruction from the tubercular lesion.

CASE 96.—Mrs. M., aged forty-five, referred to the Clinic on account of an enormously enlarged abdomen. The intern has given us a report of the examination of the urine, which shows about fifty per cent. solids; albumin in large quantities present. We now expose the abdomen to its full extent, and we find a bulging or protrusion at the umbilicus, and a little inclination to flattening of either lateral portion of the abdomen.

By inspection we are unable to arrive at any conclusion in regard to the cause of this enlargement, but by the aid of percussion, if we find resonance in the anterior portion of the abdomen, that will help us to

exclude the theory of pregnancy or ovarian tumors. And if we shall find dullness in both flank and loin region, our conclusions tend toward the theory of free fluid within the abdominal cavity — abdominal ascites.

We find, by percussion, marked dullness over that field above described. We shall now turn the patient on either side and note if the resonant sound on percussion extends over the area where heretofore there was dullness. As we percuss the upper flank and loin region, we have gained a point in diagnosis of this abdominal lesion, as the free fluid will go from this superior flank and loin region to the lower and central part of the abdomen. We now turn the patient upon the opposite side, and we have the same results. Therefore we have a right to conclude that this lesion manifest is one of fluid within the abdominal cavity.

Again we examine the limbs to see if there is any swollen condition manifest. We find the limbs ~~normal~~ in size, but the patient says that when she is around the room for a few hours, the limbs become greatly enlarged; this condition we have manifest in dropsical affections, but it is also manifest in those cases where we have ovarian cysts of long standing. We shall next have the limbs flexed upon the abdomen, and see if succussion will give us any further light in regard to this condition. There is manifest a slight wave, but not markedly so, and this we sometimes have manifest from excessive adipose tissue. I now ask the assistant to fold within the grasp of his two hands this excessive abdominal adipose tissue, and by lifting it upward, we are enabled to arrive at a conclusion in regard to the abnormal size manifested by the inter-abdominal fluids. We can also percuss in the flank region, and more fully ascertain the lesion within the abdominal cavity. We have now by differential diagnosis arrived at the conclusion that there is no tumor mass within the abdominal cavity, and that the lesion is due to effusion following Nephritis, or Bright's disease.

The diagnosis is therefore abdominal ascites, due to lesion of the kidneys. Our prescription will be as follows: Apocynum cannabinum, specific tincture, four drachms; tincture of Buchu, two ounces; specific tincture Digitalis, one drachm; water, eight ounces. Mix well, and give a teaspoonful once in two hours. The patient will be returned to the Clinic one week from to-day for observation. A later report shows a marked lessening of the albumin, and by measurement of the surface of the abdomen, we have a lessening of three inches. Patient's condition has improved at least twenty per cent. within the last ten days under the impress of these remedies. We shall repeat this prescription and later indicated remedies, in the expectation of fairly good results following.

**Monthly Retrospect**

—OF—

**ECLECTIC MATERIA MEDICA AND THERAPEUTICS.**

BY HARVEY WICKES FELTER, M. D.

**ALSTONIA CONSTRICTA.**—Dr. John Albert Burnett, in his pursuit of remedies for malaria, has found (?) a substitute for quinine in *Alstonia constricta* (*Modern Eclecticism*, December, 1905). This claim is by no means a new one. Though alstonia has been in use now but thirty-five years, and while one of its earliest recognized virtues was its anti-periodic property, it has never become a leading anti-malarial remedy, and in no wise is it likely to supplant quinine. In fact, its specific place, even in the treatment of malarial disorders, has never been arrived at with that unanimity necessary to the establishment of reliable specific indications. Von Mueller, who introduced it into Australian medicine in 1870, noted its febrifuge properties; in 1874 he further noted its aromatic, bitter and general tonic properties, and spoke of it as of value in ague. Cathcart, of New South Wales, corroborated his statements two years later. Along with the Centennial of 1876 came the first exhibit in America of alstonia bark, and with it came its anti-malarial pedigree. An interested Cincinnati called the attention of Prof. John M. Scudder to it, and to the latter belongs the credit of its introduction into American medicine. Rational experimentation proved that the bark possessed at least febrifuge and tonic properties, and it was found to answer well in some cases of malaria where quinine had failed. The question might well be asked here, Does quinine or any other drug fail, or does the prescriber fail to administer the remedy under its proper indication, or fail to recognize the indication? Good observers have left their testimony. Professor King found it a prompt and decisive remedy in several cases of ague, but decided it to be of most value in tertian, obstinate cases, associated with gastric pain and irritability, together with neuralgic pains of the upper extremities. Professor Locke found it of less value in acute cases, but succeeded with it in chronic intermittents. Webster thought it more properly a corrector of blood dyscrasia in malaria states, and suggested that it be termed a remedy for malaria cachexia, rather than a true anti-periodic. Fearn favored its use in "chronic malarial poisoning," and ventured as specific indications, "Tongue dirty, skin sallow, and urine turbid, with periodicity." These indications are practically a repetition of those previously published by Dr. Scudder. Kunze thought it contra-indicated in the delicate and highly nervous. Since these opinions have been recorded, little has been heard of alstonia in Eclectic quarters, and most that has been written has been due to interested houses promulgating

"literature" concerning its uses, usually copying the early Eclectic statements. That alstonia possesses virtues and merits a stronger place in medicine there is no doubt. Perhaps if its true place were sought and its indications properly worked out, it would hold such a place; but it has suffered, as many another drug has done, by attempting to make it a substitute for some other agent. We know of no two agents that exactly fill each other's place. Alstonia deserves special study to arrive at satisfactory specific indications for its use. Eclectics have satisfactorily settled the indications for quinine, and those indications are not comprised in that elastic and meaningless term "malaria."

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RUBUS CHAMÆMORUS AS A DIURETIC.—Froestzky (*Le petit Journal de Médecine*, quoted in *New York Medical Journal*) reports the efficacy of the leaves of the mulberry as a diuretic, and relates the case of a woman of eighty years who had suffered with œdematous ankles for ten years, in which the effusion was entirely removed and an increased urinary flow induced in three days. The leaves are the parts used. About two drachms of the dried leaves are infused in two cupfuls of boiling water, and allowed to macerate in a warm situation for eight or ten hours. One-half of this quantity is administered in the morning and the remainder in the evening. The taste is said to be unpleasant. It is not a little singular that our best and least harmful diuretics have been derived from the vegetable kingdom. While upon this topic, let us refer to what we have intimated in a previous writing, that, without doubt, there is a large field for the study of the diuretic and other action upon the renal circulation and excretory functions in some of our common table vegetables. Among these may be mentioned asparagus especially, beans, peas, and to some extent cabbage. We have always observed a marked urinary increase under the use of asparagus and beans. Moreover, that they are largely eliminated through the urinary tract is evident by the decidedly unpleasant, if not fetid, odor they impart to the urine. We would suggest systematic trials with the whole plant with water or alcohol, or both. Raw beans with the pods should be used. Beans contain a principle which has been called phaseolin, which has been suggested as a digestant of false membranes and stimulant to unhealthy ulcers. Perhaps the determination of the action of these plants, and the extent of that activity, may reveal irritant properties, showing why they should not be employed as food in certain serious diseases of the kidneys.

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GERANIUM IN CHRONIC ENDOCERVICITIS.—To say that the gynecologist of twenty or thirty years ago was as successful as some specialists in women's diseases are to-day, would be to discredit the wonder-

ful surgical measures that are now being so successfully employed in correcting the reproductive wrongs of woman. But we may justly, we believe, refer with some degree of pride to medicinal treatment of many disorders, for which women are now needlessly subjected to operation, that was in vogue some years ago among the Eclectic practitioners. That some of these agents were less liable to do damage and were more efficient than many now used merely for antiseptic effects we must admit. Dr. B. J. Alexander, in a paper (*The Medical Arena*, January, 1906) read before the Kansas State Eclectic Medical Association, discusses two of the older remedies — *Geranium maculatum* and *Pinus canadensis*. After cleansing the parts, the mucus is readily removed from the cervix by means of the extract of either of the above remedies, which take hold of the secretions readily, coagulate them, and easily accomplish their removal. Irrigation with sterile water may follow. A pledget of cotton is then saturated with the medicament and placed against or in the cervical outlet. If there is a tendency to bleed, this is particularly efficient. Where granulations are present or there is subinvolution, this treatment may be substituted by or preceded by the application of one part of tincture of iodine, two parts of glycerin, and one part of geranium. The preparations used by Dr. Alexander were the fluid extract of geranium and extract of *Pinus canadensis* (dark). In the discussion the doctor was asked if the geranium would not gelatinize. His reply was, "Yes; and when gelatinized is spoiled." This leads us to note a change that has been accomplished in Eclectic pharmacy in the matter of gelatinization in medicines.

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GELATINIZATION OF THE RED TANNATES.—The subject of gelatinization in medicines is of special interest to Eclectic physicians for two reasons. In the first place, when such gelatinization occurs, in most instances it partially or wholly renders the preparation worthless as a medicine, particularly if such deposits consist most largely of the so-called red tannates. Secondly, the specific medicines, so largely employed by them, as now prepared do not gelatinize as formerly, wherein they differ from other standard fluid preparations of similar drugs. Regarding this matter allow us to quote from an article contributed by us to the *Transactions of the National Eclectic Medical Association*, 1903-4:

"Many drugs from which some of the most valued specific medicines are derived contain the so-called red tannates. In the finished product these tannates are necessary constituents to insure a good medicine, though for some reason not well understood for years, structural changes would occur in which a deposit, sometimes gelatinous, would

take place as the preparation aged. In some instances this was only an inconvenience; in others, objectionable. The object to be attained necessitated the retention of these bodies in the preparation, for their exclusion, which would have been an easy matter, would have meant the weakening of the medicinal value of such preparations. Specific Pinus was one of the agents, but it differed from the others in that precipitation, but not disintegration, took place, and merely required the shaking of the medicine before using it. Specific Cinchona, when added to water, threw down these tannates. Specific Hamamelis would sometimes disintegrate, and Specific Urtica was very apt to gelatinize. All who have used Specific Iris have noted this change, and Specific Geranium invariably disintegrated with age, a brown magma separating with a serum-like superstratum. The alterations were for years character-marks of the genuineness of the drugs, and were to be looked for in representative preparations. \* \* \* Now the specific medicines stand alone among pharmacals, particularly those prepared after the pharmacopœial methods, in that difficulties that have disturbed preparations containing the red tannates, among which may be mentioned, in addition to those already named, Specific Gossypium and Specific Stillingia, have been, by experimentation and systematic study, about eliminated. The specific medicines of each of these drugs, including, also, such outside compounds used by Eclectic physicians, as Oil of Stillingia, now resist alterative changes to such an extent as to place them outside the line of substances which are to be criticised by reason of their liability to disintegrate as of old, and change from deeply colored, transparent liquids to magmas, or heavy precipitates, which make up the bulk of the container."

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SODIUM FLUORIDE AS AN ANTISEPTIC ATTENUANT OF THE URINE.—

The viscosity of the bladder contents has frequently proved a drawback to the successful emptying of that organ by means of the catheter, and has thus mechanically prevented the application of proper soothing fluids in the treatment of chronic cystitis. Tuffier, of France (*New York Medical Journal*), reports the use of sodium fluoride to overcome this difficulty, it being, moreover, a decided antiseptic. The salt is a white powder, very soluble in water, and on account of its activity, should not be employed in solutions of greater than one-fourth or one-half of one per cent. Irritation is provoked by stronger solutions. His method is to use it by lavage in those forms of "slimy or glairous" cystitis, repeating the irrigations every two days, but only until the glairy secretions become sufficiently attenuated to pass through the catheter easily. Boric acid is then substituted.

## Eye, Ear, Nose and Throat.

CONDUCTED BY KENT O. FOLTZ, M. D.

### PENETRATING WOUNDS OF THE EYE.

Penetrating wounds of the eye are of comparatively frequent occurrence. Not alone in factory and shop, but anywhere and everywhere, in so many diverse and curious ways that it would likewise be unnecessary to enumerate them.

That they come always in the nature of emergencies, and that the nearest available doctor, irrespective of his knowledge or special experience, is usually the first to see them, is my real reason for presenting the subject, and for this I make no apology. On this first observer and what he does, and *how quickly*, often depends the ultimate outcome. Hence one of two things is most essential, *either* that he know his business, or realize, and that quickly, his professional limitations and his moral obligations to the patient. It is the twenty-four-hour interval immediately following accident that is the golden opportunity, and this time lost, in uncertain and vacillating delay, can frequently never be regained. Inflammatory changes, exudates and opacification of the transparent media, may make impossible a diagnosis that would have been clear twelve or twenty-four hours previous.

True as this is in relation to diagnosis, it is even more important in operative interference, and operation is often robbed of all possibility of success by the lapse of a few days. I make the plea for early and correct diagnosis and treatment strong, because too often the specialist sees the case when all the chances of treatment are gone, and he is obliged with closed lips to accept conditions as he finds them, or to stultify himself to protect his fellow practitioner and indorse his past treatment to save him from a lawsuit in the future.

If doubt and uncertainty, due to lack of experience, linger in your mind, then for God's sake and the future comfort of your conscience get assistance. That is the first point. \* \* \*

*Wounds of the Cornea.*—Penetrating wounds of the cornea that do not injure the iris or lens, and are made by a smooth, clean instrument, leaving behind no foreign substance, though rare, are usually fortunate in their outcome. Such wounds may be made by a knife point, needle or scissor point. More usually any impact sufficient to penetrate so hard a substance as the cornea passes on to do damage to the underlying tissues—the iris, lens and vitreous. Prolapse of the iris may occur in such if the escape of aqueous following the penetration come with a rush. Such a prolapse will appear as a dark object lying on the wound aperture. If seen immediately following the injury, and if the iris be not lacerated or torn, gentle efforts may be made at reduction.

If, however, exudates or adhesions have formed, or should the iris be lacerated, it will be advisable to remove the protruding part with forceps and scissors. Injury to the crystalline lens is one of the most serious complications in ophthalmic surgery, for penetration of its capsule, allowing the aqueous to come in contact with the lens, leads immediately to great swelling of its fibers, with opacity. The rapid increase in bulk of the lens may lead to increase in the intra ocular tension and the establishment of an acute traumatic glaucoma. This may call for frequent paracentesis of the aqueous, or even removal of the lens itself.

*Wounds Penetrating the Vitreous* are of still more serious import, as infection and loss of the ball are the usual consequence. Should the sclero be penetrated, we may, if conditions be favorable,— that is, the wound clear cut and recent, and the presence of any foreign matter be pretty well excluded,— suture the edges, being extremely careful to make no pressure on the eyeball, and thus cause a prolapse of the vitreous. Wounds occurring in the ciliary region are especially dangerous, so much so that this has come to be known as the Danger Zone. Penetration by small particles which remain in the eye will call for special procedure in each case.

Particles of iron or steel may sometimes be removed by the use of the magnet if favorably located for its use, and particularly if they can be seen in the anterior chamber or in the iris, but removal by the magnet is not the easy and simple procedure that we might suppose it to be. Nevertheless, the magnet has prevented many mutilating and disfiguring iridectomies.

Removal of foreign bodies from the vitreous is a hazardous and usually an unsuccessful procedure. Penetrating wounds, with or without the presence of a foreign body, that are sufficient in extent and character to render an eye not only useless, but to render it liable to certain infection, should be met by enucleation, and where, after expectant treatment, it is evident that a pan ophthalmitis will ensue, we must resort to the same procedure to save prolonged and useless suffering to the patient and for the safety of the second eye. To conclude, I will say that penetrating wounds, from the variation in their character and extent, offer the widest opportunities for diagnosis, and finest distinctions of judgment in their management.

No set rule and no set of rules can be formulated to guide us in the management of each and every case. Ophthalmic surgery is not, as many apparently believe, to be learned alone from text-books, but from long and varied practical experience, and brave, indeed, to the point of folly is the man who undertakes the management of a penetrating wound of the eye with the self-consciousness of uncertainty, bred by lack of opportunity and experience.—*W. W. Speakman, M.D., in Hahnemann Monthly.*



### Periscope.

#### THE SUCCESSEUL TREATMENT OF FOREIGN BODIES WHICH HAVE BEEN SWALLOWED.

Bell writes in the *Medical Press and Circular* of June 14, 1905, that he has employed the following method with success:

Those of us who have been hurriedly called in to such cases must have felt that the usual advice to "leave matters alone for a while," or to "give an aperient," does not appeal very strongly to the frantic mother, however satisfactory it may have proved in our past experience. She expects more from science than such nursery tricks as castor oil!

Such a position is a very uncomfortable one to face. "Can nothing more be done?" is a question we never get hardened to; and so it was the recognition of the frailty of man well lubricated by a fond mother a short time ago which led the author to adopt the method which he brings forward in his paper.

He was called to see a child — an only one, to make matters worse — about eighteen months of age, who had gleefully swallowed a gold brooch with the letters "B-A-B-Y" sticking out on all sides.

By the time he arrived the household could not have been in a greater state of confusion if the child had swallowed a barbed-wire fence.

He endeavored to calm the mother's fears with the usual formulæ — "it would be all right," or "the child would pass it easily enough." The author states he need not say what he gathered concerning his ability and originality from the glances of the mother and the nurse — his reputation was becoming a speck on the horizon. The mother did not consider she had sufficiently impressed him with the special features of that brooch, but he soon had a horrible mental picture of grappling hooks and spear-heads. Something clearly had to be done, and it suddenly occurred to him to feed the child on cotton-wool.

He did not feel like half-measures,— we all know the effect a weeping woman who will not listen to reason, or unreason, has on one,— so he gave the child a small handful of absorbent wool, teased up very finely part in milk food, part in jam sandwiches.

The jam sandwiches were a new experience in the life of that infant, and so the wool went comfortably down. In the evening, some hours later, he ordered a dose of castor oil; and, oh, what joy in the morning! He was greeted at the front door with a copious motion, among which were several egg-shaped lumps of cotton-wool, and in the middle of one of these was the brooch.

He was rather surprised at the complete success of the method — the brooch was so absolutely packed that it was very difficult either to feel or extract it.

Shortly after this episode the author was sent for to see a little boy, aged four and a fourth, who had swallowed a small brass knob which he had unscrewed from his bed. Here was something which must, he thought, easily pass along at once. But it did not do so. On the third day a skiagram was taken, and the knob was seen to be still in the stomach, in spite of castor oil and plenty of food.

An operation was spoken of — apparently that was less serious in the eyes of the sorrowing relatives than that the small knob should rest a while on its journey south.

So Bell set to work with absorbent wool, giving the child a handful in bread and milk, followed at night by a dose of castor oil.

He did not feel very confident that it would affect the knob one way or the other — it was smooth; surely, he thought, the wool could not stick, and if it did, would it or would it not cause the knob to be gripped and passed along? He was doubtful.

However, he had the pleasure, when he went to learn the result the next day, of digging it out of a mass of feces and wool.

The author's idea is that the wool may act in one of two ways: (1) Either by directly enveloping the body swallowed, or (2) by matting the feces together around it.

He hopes others will try this method, which naturally commends itself most to one when the body swallowed has sharp points, which require covering, lest they catch and stick in the mucous membrane. But since it will also cover smooth bodies and enable them to be gripped and passed on, the author feels ready to meet any mother who has a baby who has swallowed anything small enough to pass through the pylorus. This method of treatment has the advantage of being easily and immediately applied, and his results show that it is well worth a trial — for the child is comfortably relieved of its burden, the mother is satisfied, and the doctor should get plenty of reward, if he has any of the instincts of a conjurer or showman.

Since writing the above paper, Mr. G. J. Johnson, of Dublin, has called the author's attention to a successful case of his treated by this method two years ago. His patient had swallowed a metal denture. The author believes that wool has been employed frequently, although precise records do not exist except in the above mentioned case. It is, he thinks, a method which should be employed, and taught, as a routine practice.

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In operations upon the head or neck, the anesthetist must see to it that no instrument is allowed to lie over the cornea, especially if it is exposed. Ulceration may be caused with ease; it is often healed with difficulty.

**EPIDEMIC CEREBRO-SPINAL MENINGITIS.**

Cerebro-spinal fever was well named by Stillé when he referred to it as a "chameleon-like disorder," for no other acute disease presents such a varying picture in its symptomatology; nor have the recent scientific investigations enlightened us much on its mode of conveyance, with the possible exception that it is not contagious. Sporadic cases are of frequent occurrence in all of the larger cities in this country and Germany, though England seems to be peculiarly exempt, the disease being so sporadic and so limited in its field that few English physicians have a practical acquaintance with it. The malady is generally conceded to be due to the diplococcus intracellularis meningitidis, though as to the manner in which the virus gains entrance to the system is imperfectly known; it is certain, however, that this germ may enter the meninges (a) by blood metastasis; (b) by direct extension of an adjacent inflammatory process (*e. g.*, mastoiditis). In this connection the following statement of Councilman in the Journal of the American Medical Association is worthy of note: "The presence of sporadic cases is of more importance in the occurrence of epidemics. The organism is of feeble vitality; it dies out easily on exposure to drying and light, and is incapable of a saprophytic existence. In the absence of intervening infections, it would be impossible for the period of epidemics to be bridged over. Not only this, but there is evidence that this organism can produce other infections, and may even live as an inhabitant on the normal mucous membrane." In view of the above statement, it would appear that cerebro-spinal fever under certain conditions may be transmissible, yet that its contagious character is a feeble one is evidenced in a report by Buckingham of one hundred and ten cases treated in the Boston Children's Hospital during the past seven years. The entire number were treated in the open wards, intermingled with other patients, and were in no way isolated, yet no case ever originated in the institution, either among the patients, nurses, or hospital staff, though no precautions were observed other than those always taken in a children's hospital. Hence, where cleanliness is the golden rule, and where (as above stated) only ordinary precautions are observed, even a possibility of contagion is a minimum, and the exaggerated accounts in the lay press of its easy and almost certain transmissibility to all exposed are not only without foundation, but only tend to create a period of uneasiness among the public. The degree of severity varies not only in the different epidemics, but in individual cases, and Carlos França, of Lisbon, after referring to the marked diversity of symptoms, reports two remarkable phenomena, (a) extraordinarily rapid emaciation, and (b) great development of hair all over the body, which is mentioned as

being by no means rare, and occurred in children as well as in adults, in one case being described as "an enormous growth." Prof. Bruto Roncali has shown that compression of the encephalon in animals will produce rapid emaciation, and it seems probable that both phenomena just mentioned may proceed from this cause. In the treatment of cerebro-spinal fever, the early gratifying reports with the use of diphtheria anti-toxin have not been substantiated; indeed, this need occasion no surprise if we but consider that the best results from serum therapy is obtained only when there is an absolute similarity between the organism producing the disease and that furnishing the anti-toxin which is to cure it. Lumbar puncture has had its advocates with varying results, though França (*ibid*) reduced the mortality of 63 per cent. in simple lumbar puncture to 29.3 per cent. in lumbar puncture with the injection of lysol solution. Though some progress has been made in the betterment of our knowledge of this disease, yet with the facilities at the command of the careful clinician and the rapid advancement through scientific investigations in the field of serum therapy, we trust in the near future to see the veil of obscurity lifted, and to be able to apply therapeutic measures on a practical and sound basis.—*Medical Bulletin*.

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#### THE AMERICAN MEDICAL ASSOCIATION BUREAUCRACY.

1. That the attacks on proprietary medicinal preparations by members of the American Medical Association, by the "Journal" of the Association, and by the Association's Council on Pharmacy and Chemistry, are inspired by men who fail to distinguish between the right and wrong in a system, and hence indiscriminately condemn the good with the bad.

2. That there are unscrupulous men in the proprietary medicine business, as in all other occupations and all professions; that this unscrupulous element is responsible for medicines which deceive and defraud, and that such medicines can not be too strongly condemned.

3. That the unworthy and extortionate remedies are an incident of the business, and not a natural product, just as the numerous failures and Shylocks in the medical profession are an incident and not a natural product of medical conditions.

4. That the denunciation of all proprietary medicines because some are bad is as unjust and criminal as would be the denunciation of all physicians because some are knaves.

5. That practically all remedies of merit are proprietary in character, in that nearly all are associated with the name of some manufacturer whose reputation is a guarantee of quality.

6. That, therefore, the essential distinction between so-called "proprietary" medicines and "non-proprietary" medicines is merely in the form of protection the manufacturer may deem most effective in his interest, and not in the proprietary principle *per se*.

7. That a distinctive trade name, chosen by a manufacturer for the protection of a distinctive medicinal preparation, is as legitimate, proper, and, at times, necessary, as a distinctive name for anything else.

8. That a proper trade name in the domain of medicine, as in that of foods or other merchandise, far from being "unethical," is the essence of good ethics, in that it serves to protect the owner from piracy, the physician from counterfeits and substitutes, the druggist from being victimized, and the patient from being irreparably damaged in purse and health.

9. That whatever will protect the physician in securing precisely the kinds or brands of drugs or preparations he specifies (and this is precisely the protection afforded by trade names), should have his support, in justice to his own reputation and to the well being of his patient, and this regardless of the fiat of men whose devotion to an ethical theory holds all related facts in supreme contempt.

10. That manufacturers, as happily nearly all do, should publish the essential constituents of their preparations as a guide to the physician, though not necessarily the "working formula," or such other specific information as would facilitate piracy; that a trade name should, consequently, be indicative of the manufacturer or his brand, and not of the product itself.

11. That the publication of this information could by no possibility injure any reputable manufacturer, while it would serve to destroy the only excuse for the present crusade against proprietary medicines as a class.

12. That the crying need of reform is not so much with reference to proprietary pharmaceuticals as with reference to the "open" drugs and medicines of the market, which are adulterated and degraded to a degree so notorious that medical men have been driven to prescribing reliable proprietary equivalents, even though higher in price, or to specifying the goods of some particular manufacturer whose products are, as before stated, equally safeguarded by proprietary protection.

13. The defamatory policy of the "Journal" of the American Medical Association toward reputable remedies which have defied the ukase of the Council on Pharmacy, and the persistent vilification of the independent medical journals, which have failed to fall into line with its ideas of medical propriety, are signs of autocracy gone mad. The establishment of branch "State" journals as side lights of the cen-

tral luminary is clearly designed to rivet the bureaucratic fetters more firmly on the profession by crippling or annihilating the independent medical press.

The ring in control of the Association's affairs is pursuing a course as foolish as it is reprehensible; it can hardly hope to foreclose its assumed mortgage on the intelligence and rights of the medical men of America, who have become very weary of dancing attendance on the royal medical family at the sessions of the American Medical Association, and weary also of relying on the Association organ for such recognition as the said organ in its superlative wisdom may deign to bestow.—*Medical Standard, Chicago, January, 1906.*

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### FATS IN THE TREATMENT OF DYSPEPSIA.

Pawlow (*The Work of the Digestive Glands*, London, 1902) has proved conclusively that fats inhibit the flow of gastric juice. Hence, in the treatment of all those forms of dyspepsia associated with a deficient gastric secretion, fats should not be ingested with the meals, since their presence increases the difficulty of gastric proteolysis by still further decreasing the gastric juice; they should be administered several hours after meals in an emulsified form. On the other hand, in all digestive troubles associated with hyperacidity, hyperchlorhydria or hypersecretions, fats should be ingested with the meals or immediately after, in which case they will produce positive beneficial results by checking the flow of gastric juice and lessening the acidity. Easily digested fats should be selected in all cases. Cod liver oil, since it is more readily hydrolyzed than any other fat, and contains no volatile fatty acids to irritate the stomach, is to be preferred. Its effectiveness may be still further increased by emulsifying it with pancreatin. Hydro-leine, the pancreatized emulsion of cod liver oil, affords an excellent form in which to administer the oil.

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### SURGICAL SUGGESTIONS.

In performing subcutaneous infusion, do not allow too much fluid to accumulate at one area, otherwise necrosis may occur. Shift the needle to various ports, *not* by swinging it from side to side, but by partly withdrawing it and reinserting it to another area.

In a case of fresh traumatic amputation of a part of the finger, if the amputated part has not been too lacerated or crushed, try to restore the member by cleansing the parts carefully and suturing it to the stump. Once in a while the graft will "take."

A urethral endoscope will be found a great help as a means of introducing a rubber drainage tube into a narrow, tortuous sinus.

# ECLECTIC MEDICAL JOURNAL.

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JOHN K. SCUDDER, M. D., MANAGING EDITOR.

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## NERVE PROBLEMS.

The nervous system is intricate and complex in its structure, but through it we have conscious existence; by it we become aware of our being and perceive things about us, and in its largest ganglion, the cerebrum, every mental process is generated, and in it all efferent impulses originate. Indeed, without the nervous system we would be senseless, unconscious beings, without emotion, without feeling, without mind.

While the possession of a nervous system enables us to enjoy the most pleasurable sensations, confers upon us the ability to indulge in the highest and most refined mental concepts, and gives us a position in nature as the highest of animal creations, as the Psalmist says, "Places us a little lower than the angels," still, because of all this delicacy and refinement of nervous organization, man is made liable to suffer more keenly in body and mind when abnormal states arise.

A short review of conditions will show us that there is not, and can not be, a fixed, unchangeable standard, variation from which shall constitute abnormality, for we differ in constitutional construction and mental tendencies. One individual may be of a nervous and energetic nature, constantly at work or play, infusing all his energies into whatsoever he may be doing, while another may be by nature calm, cool, collected, never excited, always reserved, yet withal forceful and reliable. We can readily perceive that what is normal in one of these would be abnormal in the other. The physician is often puzzled, in some cases, to know just how far from normal the condition of his patient may be, for the medical man does not always have the privilege of previous acquaintance or a knowledge of heredity. It is, sometimes, difficult to obtain a correct family history when examining a patient, for much that is of importance may have been kept from him, and there is, usually, a stubborn reticence in regard to family infirmities. It is always well to add something to that which is learned from the patient. Other

members of the family, friends or old acquaintances, may be able to throw light on doubtful points. We may not find, in the family history, an exact counterpart of the disease under consideration. The essential factor in nervous affections is the neuropathic tendency, which may have variously manifested itself in the past.

When a patient begins to act strangely at variance with his previous conduct in life, when the respectable citizen begins to change his nature and becomes dishonest and disreputable, when his reasoning powers are defective and his habits queer, then we come to the conclusion that this man is in an abnormal mental condition. But just where to draw the line between eccentricity and insanity is, in many cases, a difficult problem, and that which may be strange and unusual in one may not be so in another. But these mental states, so confusing to the physicians, are difficulties which must be met and solved by the medical men. There is no pathological condition without a cause, no variation ever occurs without a reason therefor; and this statement holds true of the nervous system as well as elsewhere. That we are unable to discover the cause is no indication or proof that there is none, and especially is this true of the nervous system, which is so sensitive and so easily disturbed that in many instances our methods of diagnosis are not delicate enough to detect variations from normal. Thus, in hysteria, idiopathic epilepsy and chorea, the manifestations of the disorder are plain to all, still nothing is found either before or after death to account for the symptoms. A violent nerve storm has passed, yet, as far as palpable evidence is concerned, no man knoweth whence it cometh or whither it goeth. However, the discovery of the neuron, the comparative study of electrical currents, and the application of the facts thus established, are making the dark places light, and the solution of nerve problems easier.

WATKINS.

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### DRAWING THE LONG BOW.

It seems to be a general impression with contributors to the medical press that the disease, the remedy and the cure must be quite exceptional to justify publication. If one attempted to base his practice to any great extent upon such reports, he would have a chequered career. Sometimes the statements are so inconsistent with one's own experience and observation that they are felt to be unworthy a moment's consideration.

The disposition to exaggerate is so general that many hesitate to report an important discovery in therapeutics. The quiet rejection by the mass of the profession of unwarranted claims, and a disposition to put the lid on here also, no doubt serves to create a sentiment favorable to honesty and truthful moderation.



In no department of medicine is the unreliability of the literature more noticeable than in that pertaining to the medical uses of electricity. We had a merry chase after Apostolli, the enthusiastic Frenchman who made so many astonishing cures of uterine fibroma with the galvanic current. He was among the most prominent in the International Medical Congress at Washington in 1876, leading the crusade against surgical treatment of these tumors. Many batteries were installed in many offices in consequence, and much miserably disappointing work was done.

The galvanic current in caustic strength will in many cases diminish and even arrest hemorrhage. This is the extent of its usefulness; but its enthusiastic advocates were not content with this important fact. Reports poured in of numerous cases of complete removal of undoubted uterine fibroids by absorption, electrolysis, or whatever. More fully installed and established was the cure of urethral stricture by electrolysis. Indeed, such cures are still being chronicled by reputable practitioners as well as renowned specialists.

This will go merrily on, despite the fact that stricture is due to the contraction of cicatricial tissue, and that such tissue is not affected by a current of less than caustic strength. If destroyed by current of caustic strength, it will in time slough off, and be replaced by scar tissue with more contraction; and the last state of such patient will be worse than the first.

Great as were our trials formerly with ready writers of medical fiction in this field, they have multiplied a hundred-fold since the advent of the x-ray machine. The value of the x-ray as an aid to diagnosis was a spectacular fact that could not be questioned. On this as a basis, a superstructure has been raised, in which the confusion of tongues exceeds that which arrested the building of Babel.

It is definitely settled that the x-ray may inflict serious and even fatal injury upon the operator. We are still waiting definite knowledge of its effects on the patient. The reports are conflicting to a degree that baffles any attempt at a fair estimate.

The writer recalls a report of x-ray treatment of uterine cancer which had progressed to an inoperable stage. The usual offensive odor disappeared after the first treatment. The transformation wrought by a few subsequent exposures was not merely marvelous, it quite transcended the bounds of possibility. The yawning chasm was not only disinfected, but filled up and closed over as by magic, leaving, of course, very little and very elastic cicatricial tissue. The woman who, by the conditions detailed, was surely doomed to an early death, was, we are asked to believe, by this wonderfully potent agency restored to good health. Such a report can not really be considered misleading. It is such an overdose that it is instantly ejected. On the other hand, a recent

issue of *The American Journal of Progressive Therapeutics* quotes M. Valude's opinion that "only benign or slightly malignant cancers are amenable to treatment by any form of radiation" Just what constitutes a benign cancer is not stated. To most people it would be a contradiction of terms, but if such cancers really occur, we must conclude they are the kind referred to in the numerous reports of cures by x-ray enthusiasts. This will also necessitate the conclusion that this variety is far more frequent than any other.

The time seems remote when we can sift the grain of truth from this mountain of chaff. Meantime the effect of such gross exaggerations is to create public opinion contemptuous toward medicine itself, and to foster every sort of vagary or cult that disavows and refuses it, "Therefore, brethren, let your communications be yea, yea, and nay, nay, for whatsoever is more than these cometh of evil."

CHURCH.

#### "WHERE ARE WE AT?"

Perhaps we have no right in our own name to ask this question on the subject alluded to above, *i. e.*, the changes that are made every ten years in the strength of remedies and their doses officially recognized by the U. S. P. If we may not ask where *we* are "at," we take the liberty to ask where the other fellow is "at." How does the doctor stand, who depends upon pharmacopœial standards? What effect has an ever-changing standard upon the value of remedies? To be authentically correct, one must change his skin, so to speak, every ten years.

Referring to the New Pharmacopœia, we find that the dose of aconite is ten drops instead of three, as in the revision of 1890; belladonna eight drops instead of five in the old. All the way down the line we find radical changes. In veratrum, gelsemium, hyoscyamus, cannabis, digitalis, etc., the dose has been increased in amount. The dose of nux vomica is increased from six to ten drops. The strength of the agents named has been reduced, hence the increase in dose.

Now let us look at the doctor who does not possess the Pharmacopœia (we will leave you to guess the number of doctors who do and do not possess it) and see what he will do. He will prescribe the *old* dose, of course, which in the case of aconite would be just three-tenths of what he intends to administer. Of nux vomica, six-tenths, and so on. From this fact it is evident that he will not secure the results he is looking for if his theory of dosage is correct. He will, therefore, be the loser by the difference between what he thinks he is giving and what he is really giving. If his theory of dosage is correct, he is handicapped by each succeeding revision of the Pharmacopœia.

Pharmacopœial revision does not affect Eclectics. We are unofficial,

and insist on using remedies which have been raised to the maximum standard of excellence. We have a pharmacopœial standard of our own, and it never changes, except to become, if possible, more nearly perfect. The remedies, which have been in use by Eclectics for half a century, have been carefully studied with a view to maintaining a uniform standard. They were brought up to a maximum strength long ago under the name of *Specific Medicines*, which are of the highest excellence, and grain for grain, they stand for the drug. No more, no less, and there is no incentive to change their strength.

The physicians who prescribe the remedies as made by those pharmacists who have stood shoulder to shoulder and worked hand in hand with Eclectic physicians everywhere to bring all remedies to the highest standard of strength and efficacy, know at all times just where they are when it comes to dosage. There is no uncertainty or guess-work about it. We may differ sometimes as to what quantity constitutes a dose of a remedy, but there can be no question as to the strength of the medicine itself.

It can not be otherwise than that these constant changes in the Pharmacopœia every few years are a menace to certainty in prescribing, and one of the causes leading to the present-day lack of faith in medicine, because the physician does not become acquainted with the changes from time to time, but continues to prescribe the old doses, while the druggist may, after using up all his stock of drugs of the old strength, change to the new, and where is the poor doctor? Should the doctor be so much alive as to keep up with the many changes made by the Revising Committee and govern himself accordingly, what will happen to him if the druggist will not consent to throw away the medicines on his shelf and get new ones, or try to revise them to suit the new times?

Decidedly, we are to congratulate ourselves on our advantage, in that we have an unvarying pharmacopœia, unofficial if you will, but steadfast and reliable. We know what our drugs represent, therefore we have a right to ask our neighbor what he is about.

STEPHENS.

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### **"WHAT WILL MAKE A WELL MAN SICK WILL MAKE A SICK MAN SICKER."**

The conservatism of the usual doctor is as fixed and unbudgable as that of the usual religious creedist. This is a result of that natural inertia which characterizes everything in nature. Its office is at once beneficent and the reverse, the paradoxical feature of it depending on not only the possibility, but the fact, of *abuse*. Its beneficent quality consists in holding men out of insane tangents; *i. e.*, it puts a snep on fad-ism. Its reverse element *fixes* men in error. If it makes men stable

in the right, it also makes them static in the wrong. The forward movement of the world has always been opposed by conservatism. Its advance hitches have always been the outcome of tangentialism. Iconoclasm has ever been the bottom fact in progressive epochs. Owing to our instinctive conservatism, we shrink from the destroyer of our idols, and put every obstacle we can in his way; but the tide of evolution finally draws us into itself, and what was iconoclasm becomes orthodoxy. This much of preliminary has been suggested by recent attempts of certain doctors to discredit the axiom that heads this article.

Recently a little book came out, entitled "Preventive Medicine." It was written by a brother Eclectic, and in it (where the philosophy of therapeutics is discussed) the author bases an argument on the proposition that what will make a well man sick, will make a sick man sicker. The naked self-evidence of the proposition ought to put it beyond controversy, but owing to an old counter-habit of thought among doctors, it does not. Consequently the author gets letters from physicians (and some of them are of high standing) in which the axiomship of the proposition is hotly disputed. This simply illustrates the fact that a very large majority of people—including doctors—are extremely superficial and careless in their readings. They don't read *down* into the argument—they merely skim over its surface. There is no excuse for this in this little book, for its arguments are straightly logical, and almost entirely free of subtleties. The counter arguments sent in by the dissenting doctors are often amusing. One doctor—a medical editor—gives this illustration: "If you give a well man an emetic, it makes him sick. If you give a man with a foul stomach an emetic, it makes him well." He forgets that the emetic is given for the express purpose of making the man (temporarily) *sicker*. He was not sick (at his stomach) enough to vomit; you with your emetic *make* him sick enough. Another contends that a small dose of aconite (a fraction of a drop) will have *no* effect on a well man, while it will benefit the sick one if indicated. He forgets that aconite is forever aconite, however infinitesimal the quantity, and that it is forever *true* to itself. He also forgets that the particular tissue or organ to which aconite appeals is forever *true* to itself. He forgets that like causes infallibly produce like effects. He forgets that, as a consequence of these facts, if half a drachm of specific aconite will kill a man, the 1-120th of a drop will 1-120th kill him. It *has* to do it, because it is *aconite*; it has to do it, because the physical organism—like every other part of nature—is *self-consistent*. Otherwise nature would stultify itself. The fact that the well man *perceives* no effect from the small amount cuts no logical figure in the case at all. The sick man is still the *same* man, so far as the *genius* of his physiological basis is concerned, and this basis retains

its identity as long as the man is alive. It is, perhaps, the most authoritative fundamental of pathology that physiological assertiveness is constant through all systemic vicissitudes. Very consistently, therefore, pathology is called "crazy physiology." One doctor — also an editor — in arguing against causal treatment, illustrated its fallacy thus: "If you kick a boulder and start it to rolling down a hill the cause is gone, but the effect remains. How will you remove the cause?" This doctor forgot, for the time, that there can never be a causeless effect. Nor can there be an effectless cause. An effect is not an effect unless it is the effect of something; in like manner, a cause is not a cause unless it is a cause of something. They both exist in the present tense *only*. What *was* a cause is never *now* a cause — its causeness has been dissipated. The rolling stone, then, was not rolling without a reason; *i. e.*, without a cause. There are primary, secondary, tertiary, etc., causes, but every effect has an underlying cause, and the only way under heaven of abating that effect consists in abating its cause. *There is no legitimate medical treatment* but causal treatment. Palliative treatment *may* sometimes be tolerable, but it is never legitimate.

These are some of the contentions of the author of this little work, and who shall deny their correctness and righteousness? Every up-to-date physician owes it to himself to get this little book and to study it. In many respects it will be a revelation to him. C. W. W.

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### LLOYD'S EUROPEAN TRIP.

J. U. Lloyd, accompanied by his wife and two daughters, sailed February 17th on the Celtic for Naples. There they will take steamer for Smyrna, Asia Minor, and meet Prof. T. H. Norton, United States Consul, and former Professor of Chemistry at the University of Cincinnati.

Professor Lloyd expects to be gone six months, and while his family remains with Professor Norton, he will make excursions through Turkey and Arabia under the auspices of the Smithsonian Institute and Agricultural Department of Washington, D. C.

While looking forward to the trip with much pleasure, it is Professor Lloyd's object to work all the time. It will be his first trip to Europe and Asia, and, in fact, the first time he will have left American shores. There is no State in the Union that he has not visited, nor is there any place of interest that he has not investigated, from the glaciers of Northern Canada to the southern shores of Old Mexico.

The Government letter that he will carry is as follows: "Smithsonian Institution, Washington, D. C. To the Correspondents of the Smithsonian Institution, Washington, District of Columbia: I have the honor to introduce to you Dr. John Uri Lloyd, of Cincinnati, Ohio, the

well-known botanist, and a valued friend of this Institution. Dr. Lloyd is visiting Turkey, Arabia, and the countries bordering on the Mediterranean, for the purpose of carrying on scientific botanical investigations, and any assistance or personal courtesy that you may be able to extend to him will be highly appreciated by the Smithsonian Institution."

In addition to this letter, Professor Lloyd will carry credentials from the Department of Agriculture. He will call upon the United States Consuls in the line of his travels, and will study the natural products of the countries he visits, with special reference to their drug-producing qualities.

At Naples, Professor Lloyd will meet his brother, C. G. Lloyd, whose headquarters are at Paris, and from April 26th to May 3d he will attend as a delegate the International Congress of Chemists at Rome.

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### **SURGICAL ITEMS.**

The position of a patient in bed, following a laparotomy, where provision has been made for drainage through Douglas' cul-de-sac, has much to do with the free drainage of the lower pelvic cavity. If the patient's shoulders and head are elevated soon following the operation, as the strength and condition of the patient will admit, this half-sitting position favors drainage, and is highly beneficial, even though there is some infection extending above the pelvic brim. I believe that the American surgeons do not lay as much stress on the half-sitting positions, in these pelvic operations, as do the Continental surgeons.

I am rather inclined to think that in some of the medical diseases involving the abdominal cavity, with ascending peritonitis, benefit can be derived by the half-sitting position of the patient, delaying the invasion of infection to the upper abdominal cavity, which might take place if the patient was allowed to remain in the fully recumbent position.

In cases of chronic ulceration of the leg, especially if the ulceration has been of long standing, the better manner of dealing with these cases is by dissecting out all of the dilated veins, placing the ulcerated condition in as aseptic condition as possible, and supporting the tissues with the soft, elastic, porous bandage, placing over the wound the carbolyzed wash with glycerine, or other antiseptic washes may be used in the healing up of the ulcerated conditions. Where there is troublesome eczema, and a sore or ulcerated condition is just within the skin tissue, much relief and a speedy healing of the wound takes place by sealing the area with compound tincture of benzoin, allowing this preparation to remain and the healing to advance without re-dressing. Of course the limb must be kept in an elevated position, equal to the height of the person's body sitting in a chair. \* \* \*

About a year ago I was called to Camden, Ohio, to assist Dr. G. W. Homsher in the removal of a sarcoma in the inguinal region of a man sixty years of age. The tumor mass was the size of a man's head; a large ulcerated surface had obtained over the anterior part of the tumor.

It looked like a desperate case to undertake the removal of this malignant mass, but we were rewarded for our undertaking, although we encountered much hemorrhage. The open wound, on the removal of the tumor, was as large as a man's two hands placed side by side. We were solicitous as to the outcome of the case.

I received a letter recently from Dr. Homsher, in which he says: "I used a saturated dressing composed of the following: Tincture calendula, four ounces; distilled hamamelis, twelve ounces; distilled water, one pint." The wound was thoroughly cleansed with surgical cotton, moistened with the above ingredients, and, to use Dr. Homsher's expression, "there was no pus from beginning to end." The wound healed by granulation. The patient enjoys better health since than he has for years.

This dressing as prescribed by Dr. Homsher is worthy of a fair trial in those cases requiring a moist dressing.

RUSSELL.

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### HYDRANGÆA.

The literature of this plant, so far as we are enabled to judge, is rather meager. Possibly because its action is limited. Personally, we find it very positive in its action within this sphere.

We use the root of the *Hydrangæa Arborescens*. Nat. ord., Saxifragaceæ. Its common names are seven barks, wild hydrangæa. The plant grows abundantly from New Jersey to Georgia.

The remedy was introduced as a cure for gravel. It will not dissolve stone in the bladder or kidney; but for that condition of the system known as gravel, for the uric acid diathesis or for lithæmia, we value it highly. In fact, we know of no better or more certain remedy.

In those conditions when there is a deposit of the urates or uric acid salts in the urine, or a red, brick-dust deposit, combined with one of the lithii salts, it is certain to relieve.

Backache or lumbago is very quickly relieved by it. We use it in combination with *Macrotys* and *Potassium Acetate*. This is one of our few stereotyped prescriptions.

The specific indications for this remedy are: Irritation of the bladder and urethra, with gravelly deposits. Deep-seated pain in the back, with or without the deposit of urates or uric acid.

Dose: *Sp. Hydrangæa*, gtt. x to 3 ss.; preferably given in hot water.

MUNDY.

**LUPULIN AND HYDRASTIS.**

For many years I have combined these remedies, using equal amounts in bulk. The hydrastis keeps the lupulin from packing and getting too solid to dispense. A No. 1 capsule filled makes an average dose.

My specific indication is, digestive wrongs in the small intestines, with loss of appetite and disturbed sleep.

The hydrastis is a tonic to all mucous membranes, and because of this action it is one of our best remedies to influence the sympathetic nervous system. These nerves are largely distributed to mucous surfaces. It is a harmless remedy, but a good one, and should have the preference over the strong poisons as a nerve tonic.

Lupulin most strongly acts as a soother to the portal circulation and relieves irritation of the abdominal viscera; sleep becomes natural because of the relief of nervous tension. The combination is a good one, and in most all functional derangements within the abdominal cavity it will give relief.

McMILLEN.

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**LIQUID MALT EXTRACTS.**

A good indication for liquid malt extracts is a sense of fullness with heat in the abdomen, from one to several hours after eating — a feeling of imperfect digestion. The patient often wakes at night, and is restless, tosses about in bed with the sense of heat and fullness. A single dose of one to two ounces will often give relief.

This remedy should not be repeated day after day, but limited to a single or a few doses at a time, as a special, not a general remedy. If continued, it seems to lose its effect after a while. But it seldom fails if only occasionally used when indicated.

McMILLEN.

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**SPECIAL LECTURES.**

Prof. William N. Mundy, E. M. I. '83, who formerly lectured in the College, gave the students a very interesting and profitable course of lectures on Diseases of Children during the last month. He is the author of the text-book on Diseases of Children which is extensively used by students in the various Eclectic Colleges, as well as a valued contributor of this Journal.

Prof. William P. Best, E. M. I. '88, formerly Professor in the Indiana Medical College, will arrange to give a special course of lectures to the students here in March on Specific Medication:



J. Stuart Hagan, M. D., E. M. I. '98, has been selected as assistant and quiz-master in Dr. Russell's Surgical Clinic. In addition to assisting at the Seton Hospital, Dr. Hagen will have an office hour with Dr. Russell in the Groton building.

J. Byron Van Horn, M. D., E. M. I. '05, has been assisting Prof. Felter and Dr. Freeman in the course of Anatomy and Dissections.

It is the intention to provide a series of a half dozen courses on various topics, by special lecturers, during the coming session of 1906-7.

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### THOMAS' PRACTICE OF MEDICINE.

After an unavoidable delay, this book is now ready for delivery. It is 8vo, 1033 pages, illustrated with two lithographs in colors, eight color prints, and 57 figures in black. Cloth \$6.00, sheep \$7.00.

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### OBITUARY.

Died, at Madison, Ind., Feb. 10, 1906, after a protracted illness, Dr. Benjamin A. Penn, at the advanced age of 81 years and 7 months. He was the oldest Eclectic practitioner in his State, having begun practice about 1845, and subsequently graduating from the E. M. Institute in 1865. He had a photograph of the college faculty taken at that time, which he prized very highly. He had been a valued subscriber of this journal for almost forty years. He leaves a son, Dr. R. L. Penn. One of his friends has written as follows: "He was a very apt scholar in all his undertakings, and a valuable physician as well as a kindly practitioner. He was as godly as a minister of the Gospel in administering to the sick and afflicted, and was held in high esteem by all with whom he came in contact."

Died, October 6, 1905, at St. John, O., Andrew Peter Van Trump, M. D. Dr. Van Trump was born in Virginia, in 1849, and graduated at the E. M. I. in 1874. He began practicing at Freyburg in partnership with Dr. F. C. Hunter. As a general practitioner Dr. Van Trump had few equals, and was well liked. He was not only a student of medicine, but made a thorough study of profane history and the Bible, and was a man of strong religious convictions.

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ERRATUM.—In February Journal, article on Acids and Alkalies, page 110, 13th line, hyperoxide should read *hydroxide*.

## Genitone....

**GENITONE**—a rational adjunct to the non-surgical treatment of certain disorders of the female reproductive organs.

It acts also as a tonic to the muscular fibres of the uterus, regulates the intra-uterine circulation, overcomes catarrhal conditions and predisposition to uterine hemorrhage,

Genitone is of special value in amenorrhea, dysmenorrhea and menorrhagia. It is also successfully prescribed in ovaritis, salpingitis, subinvolution, and in threatened abortion.

Genitone may be safely recommended as a uterine tonic and regulator, not only during the period of menstrual activity, but also when the approach of the menopause gives rise to various aberrations of uterine function and reflex morbid manifestations.

Dr. J. W. F—— reports the case of a patient who had previously aborted four times, and who, at the third month of pregnancy, presented every evidence of miscarriage. He prescribed Genitone every two hours until the symptoms subsided; maintained the treatment for four days, when the interval was lengthened and the remedy finally omitted altogether. "The patient progressed satisfactorily, and at full term was delivered of a healthy child."

Other clinical cases, its value in sterility, and the special reference to the therapy of its several ingredients, in pamphlet form upon request.

**FORMULA.**—*Hydrastis Canadensis* ..... 5 gr.      *Passiflora Incarnata* ..... 4 gr.  
*Viburnum Prunifolium*... 8 gr.      *Senecio Aureus* ..... 5 gr.  
*Anemone Pulsatilla* ..... 2 gr.      *Aromatic Cordial* ..... q. s.  
to make one fluid drachm.

To physicians who are not prescribing Genitone, we will express at our expense, an original package upon receipt of the net pound price, 75 cents. Address your letter to Dept. C.

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# THE ECLECTIC NEWS

## A MONTHLY NEWSPAPER

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No. 3.

### BOOK NOTICES.

**A Manual of Surgical Diagnosis.** For Students and Practitioners.

By Albert A. Berg, M. D. 12mo, 543 pages, with 215 engravings and 21 full-page plates. Cloth, \$3.25 net. Lea Brothers & Co., publishers, Philadelphia.

The art of diagnosis in medical and surgical lesions is not acquired by nature, although it seems that some make better diagnosticians than others. For cogent reasons, the better a medical man is prepared by proper instructions, clinical illustrations, and coaching, the better physician and surgeon he will certainly prove himself to be.

This work of Surgical Diagnosis by Albert A. Berg, M. D., is rich in illustrations, and the general signs and symptoms of surgical lesions are differentiated and described in a logical manner, without overburdening words on the topic under consideration. We commend this work to students and busy practitioners.

L. E. R.

**A Manual of Physical Diagnosis,** including Diseases of the Thoracic and Abdominal Organs. For Students and Physicians. By Egbert LeFevre, M. D. New (2d) edition, thoroughly revised and much enlarged. 12mo, 479 pages, with 102 engravings and 6 full-page plates in black and colors. Cloth, \$2.25 net. Lea Brothers & Co., publishers, Philadelphia.

The writer first divides the chest and abdomen into regions, and names and describes the organs found in each in a normal state. The different methods of physical examination are discussed—first, as to what they show in health; second, as to what they show in the different pathological conditions met with in diseases of the different organs of the thorax and abdomen. The pathological conditions present in the different diseases are very briefly described, but the methods of making the diagnosis are fully given. The book is intensely interesting and instructive.

J. R. S.

**Blinnie's Manual of Operative Surgery.** A second edition of this work has been issued by P. Blakiston's Son & Co. Cloth, \$3.00.

The design of the work appears to be supplemental to the various text-books on surgery, without attempting to cover the whole field.

It therefore interests surgeons of more or less experience, rather than the general practitioner. The work covers a large field notwithstanding, and is especially complete and pains-taking in surgical treatment of the stomach and intestines, including all forms of hernia. The illustrations are more than usually satisfactory. A special short chapter devoted to hypospadias, will be found complete and very well presented. Valuable details are presented in chapter vi, on the subject of operations on tendons and tendon sheaths, including tendon transplantation. This compact, meaty little book is nearly indispensable to every surgeon's library.

W. B. C.

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**The Physician's Visiting List for 1906.** P. Blakiston's Son & Co., publishers, Philadelphia. Price \$1.00.

This is the fifty-fifth year of the publication of this valuable little pocket companion, and the twenty-sixth that the writer has used it in preference to all others. To a very few publications of any kind is granted such length of days. Only those of decided merit survive the generation in which they are born, and by far the larger number of publications, including medical journals, after a few years of struggling existence, disappear. In the case of the Physician's Visiting List (Blakiston's) it is indeed "the survival of the fittest."

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**Transactions of the Ohio State Eclectic Medical Association, 1905.** 8vo, 383 pages, cloth. Published for the society by J. P. Harbert, M. D., Secretary, Bellefontaine, Ohio.

This contains the proceedings of the forty-first annual meeting, held at Columbus, May 2-4, 1905, together with the reports, papers and essays presented before the several sections.

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We have just received the Wm. S. Merrell Chemical Company's new 1906 Price List. The cover is printed in three colors, green and gold predominating, and presents a very pleasing and artistic effect. The Price List proper is full of the "good things" made by this company, and covers about every thing in the line of pharmaceuticals, fluid extracts, plain and coated tablets, elixirs with full formulas, hypodermic tablets, pills, syrups, wines, five specialties, German tinctures, normal tinctures, educts from oil of wintergreen, etc.

This is a price list which is of value, not only to the prospective purchaser of chemicals and pharmaceuticals, but to any practicing physician, giving as it does the assay standard of official and unofficial fluid extracts. In the reference notes it gives a mass of valuable information, together with special reference to the well known Merrell line of specialties. One of these lists may be secured by writing to the Wm. S. Merrell Chemical Co., Cincinnati, Ohio.

# The One External Remedy for Winter-Bred Diseases

**What Does the Word Libradol Mean ?—**The word is fanciful. It was created as a title for the pharmaceutical preparation to which it is affixed and was never known preceding the introduction of that remedy. Of one thing it is well to be assured, namely, that :—

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**What Will Libradol Do ?**—It will relieve pain where other external applications fail to have any influence whatever. Try a leaf of paper spread with Libradol where poultices or other external mixtures do not give relief. Note its prompt, quick action in croup, as well as in painful parts.

**What Advantage has Libradol Over a Poultice, be it Hot or Cold ?—**The weight of a poultice is unbearable in many cases of acute pain and is even dangerous as a weight on the chest in pneumonia. Libradol has no such fault. It needs no artificial heat because it is stimulating enough in itself. Spread as thin as butter on a sheet of paper or on the skin, Libradol relaxes the tissues, quiets the angry nerves, and by its soothing influence produces restful sleep. And yet, Libradol contains no opium or cocaine. The question has been asked,

**Does Climate Impair Libradol ?—**This may be positively answered as follows: Libradol neither ferments nor sours. Its energetic virtues are carried by it indefinitely. When spread, it remains plastic, neither drying nor flowing.

**Who Uses Libradol ?—**It is an established remedy and employed only by physicians. Libradol is not a "home cure" nor is it advertised to the people.

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Already the country is awakening to the fact that amid the astounding exposures of graft in high places, the greatest disclosures are yet to come. "The Treason of the Senate" will be set forth in the future numbers of the Cosmopolitan Magazine, beginning with the case of Depew in the March number of that Magazine. The whole matter is in the hands of that able and honest advocate of straightforwardness, Mr. David Graham Phillips. In an editorial foreword in the February issue the Cosmopolitan outlines the plan of the series.

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## COLLEGE AND SOCIETY NOTICES.

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### **The National Eclectic Medical Association.**

During the past year we have had published in our medical journals some very excellent articles, notably one in the Eclectic Medical Journal by Dr. Henderson, of Oregon, on the necessity of the entire Eclectic profession waking up to our immediate interests. These articles are certainly timely. For the past five years I have been urging our physicians to the importance of organization and general engagement in society work.

We have now arrived at the time of year when preparations for all of our medical societies are being made, and I take this opportunity of urging upon Eclectic physicians everywhere the vital importance of interesting themselves in society work. Our societies must be built up and sustained. Our National Association is now in a most excellent condition. The officers are doing enthusiastic work for the coming year, and the President, as well as the Secretary, are enthusiastic in the belief that we are going to have one of the best sessions this year the society has ever held.

Neither the President nor any officer can get up a good meeting without the hearty co-operation of every member. So far we have a most excellent outlook. Dr. Harvill has been able to form his committees and get his working force organized in excellent shape, and it depends upon the members to furnish contributions and enthusiasm, and arrange to be present at Put-in-Bay in June, in person. We shall plan for an attendance of at least five hundred, and do not expect to be disappointed.

Write us at once, doctor, and let us know what you are planning to do. If you have been solicited by any section officer for a contribution, do not fail to prepare the paper immediately, and put into it your best efforts. Let your contribution be a most valuable one; this we expect of you, and the cause needs it.

Yours fraternally,

FINLEY ELLINGWOOD, Secretary,  
100 State Street, Chicago, Ill.

### **To the Eclectic Physicians of the United States.**

The Executive Committee have definitely decided that the next meeting of the National Eclectic Medical Association shall be held June 19-21, 1906, at Put-in-Bay, O.

We thought at first that the above date would be too early on account of the boat service from Toledo, Detroit and Cleveland to Put-in-



Bay, but the following letter from the G. P. & T. A. of the Detroit and Cleveland Navigation Co. guarantees to us first-class service at the time of our meeting:

DETROIT, Mich., Oct. 10, 1905.

Mr. T. W. MCCREARY, Manager Hotel Victory, Put-in-Bay, O.

Dear Sir:—We have your favor of Oct. 15, and in reply will say that we will commence double day (night and day) service between Cleveland, Put-in-Bay and Toledo June 18, 1906, on our C. & T. line.

Yours truly,

Detroit & Cleveland Navigation Co.

Per L. G. LEWIS, G. P. & T. A.

We are assured, both by the above letter and the hotel management that we will receive all the accommodations that we would expect in July or August.

Our Corresponding Secretary, Mr. Helbing, has written me that he has secured railroad rates of one and one-third fare for round trip. You can apply to your nearest ticket agent and find out the rate from your place to Put-in-Bay.

The General Manager of Hotel Victory offers us the following rates: A flat rate of \$3.00 per day per person—first come first served—any room in the house unoccupied at the time of your arrival; or a sliding rate of \$2.50 to \$4.00 per day, with fifty cents extra for both in either case. We have accepted the flat rate of \$3.00 per day.

The outlook for a good meeting is very promising. Every day I find at my desk letters full of encouragement and promises of co-operation. It is not the part of wisdom, neither have I the desire or inclination, to repeatedly exhort the profession to their duty in attending these annual meetings. But the officers of the Association do propose to thoroughly advertise the meeting and give a cordial invitation to every Eclectic in America to come and help to advance the cause of medicine, as well as to enjoy a delightful outing among the people of the Great Lakes.

J. P. HARVILL, M. D., President.

#### SECTION OFFICERS.

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J. S. Stewart, Secretary, Lincoln, Neb.

**NOSE AND THROAT.**—George W. Johnson, Chairman, San Antonio, Tex.  
Kent O. Foltz, Vice-Chairman, Cincinnati, O.  
Edward G. Trowbridge, Secretary, Chicago, Ill.

J. P. HARVILL, President.

The annual meeting of the Eclectic Medical Society of the State of New York will be held at Albany, March 7 and 8. A very interesting program has been arranged. Cash prizes will be offered for the best essays, in the sums of \$20, \$15, \$10 and \$5 in gold. Bros. Hines, Birkenhauer and King constitute the Prize Essay Committee, who have formulated rules for the contest. Program and full particulars can be obtained by addressing the President, Dr. W. J. Krausi, 921 Putnam avenue, Brooklyn, or the Secretary, Dr. Earl B King, Saratoga Springs.

The regular annual meeting of the North Texas Eclectic Medical Association was held at Sherman, Feb. 16, in the Woodman Hall. Papers were read by Drs. Helbing, Sawyer, Wimer, A. Helbing, and J. M. Slatter. The last meeting at Bonham was a decided success, since which meeting six new members have been admitted.

Dr. H. H. BLANKMEYER, President, Honey Grove.

Dr. J. A. LANIUS, Bonham, Secretary.

The 18th annual meeting of the Kentucky Eclectic Medical Association will be held May 14 and 15, 1906, in the School Board Chamber 420 Walnut street, Louisville, Ky. Dr. Lee Strouse, Covington, Secretary.

The Arkansas Eclectic Medical Association will hold its next annual meeting May 9-11, at Little Rock. Dr. W. M. Allison, Bee Branch, President. Dr. J. L. Vail, Little Rock, Secretary.

E. M. INSTITUTE, Feb. 14, 1906.

Whereas, The Allwise Heavenly Father and Creator has deemed it best to remove the mother of our esteemed class-mate and friend, E.W. Horswell, be it resolved, That we, his class-mates in the E. M. Institute, extend him our heart felt sympathy and condolence.

Be it further resolved, That a copy of these resolutions be sent to the Eclectic Medical Journal for publication, and a copy be given to E. W. Horswell.

D. S. STRONG,

JOHN SWANSON,

A. C. PRICHARD,

J. W. BOWERS,

Committee.

A **Memorial Hospital** was presented to the city of Piqua, Ohio, last month, by Mrs. Julia Ball Thayer, a former resident of that city, in memory of a brother. The medical dedicatory services were held the fore part of last month, at the hospital, with appropriate services by the three different schools of medicine. The old school represented by Dr. A. E. Reed, of Cincinnati, Dr. Walton for the Homeopathic, and Dr. L. E. Russell for the Eclectics. The city is to be congratulated on its elegant hospital, and the universal good feeling among the physicians of all schools of the city, who are to work hand in hand for the success of this new hospital.

L. E. R.

**E. P. Notes.**—Wm. J. Morgan, '03, who is located at Plummer's Landing, Ky., was married Dec. 24, 1905, to Miss Mary E. Saunders, of Hillsboro, Ky. We extend our congratulations.

Dr. W. Ellis Nichols, '06, passed the West Virginia State Board in April, 1905. He reported a successful practice during the last summer, and is now at the E. M. I. to complete his course.

M. A. Hanna, M. D. '04, is located at Haviland, Ohio, where he is patronized by having a fine practice.

Etta C. Jeancon, M. D. '05, writes that she has passed the Colorado Board, January, 1906. She is located with her father in Denver, Col.

Word has been received from R. E. Sawyer, M. D. '05, located at Bokchito, Ind. Territory, saying that the "regulars" are fighting him severely, but that this assists him in building up a fine practice.

Brothers, let us hear from you. W. H. H. SCHROCK, Reporter.

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## PERSONALS.

**Married.**—Feb. 21, 1906, at Galena, Kans., Dr. Walter B. Scott, E. M. I. '99, and Miss Manzanita A. Oliphant. The Journal extends congratulations.

**Married,** Dec. 24, 1905, Dr. William J. Morgan, E. M. I. '04, and Miss Mary E. Saunders. Dr. Morgan is now located at Plummer's Landing, Ky., and the Journal extends congratulations.

**Locations.**—In Kansas, on the Northern Pacific Railway. No opposition. Small drug store, office and dwelling for sale or rent. For particulars address, with stamp, W. S. Grissell, Ransom, Kas., or Dr. T. C. Burton, Hoisington, Kas.

Good country location, \$3,000 practice. Nothing to sell except a few drugs and office equipments. For particulars address, with stamp, Dr. Wm. Hall, Carter, Okla.

Good country location at Bower's Mills, Mo. We are anxious to have a young Eclectic in our midst. For particulars address, with stamp, Charles Alexander, R. F. D. No. 2, Bower's Mills, Mo.

Dr. Florence T. Truax, who graduated at the E. M. Institute in 1901, has established the Victor Sanitarium at 3213 Whitehall street, Atlanta, Ga. She will conduct this in connection with her husband, Dr. Herbert E. Truax, and Drs. B. M. and C. M. Wooley. It will be devoted to the cure of nervous and chronic patients, and women and children, and to patients addicted to drug and alcoholic habits.

Dr. Kinsman, who was elected Secretary of the Ohio State Board of Medical Registration and Examination last January, has resigned on account of ill health, and Dr. Geo. H. Matson, of Columbus, O., was selected as permanent Secretary of the Board, at a special meeting held on Feb. 8. Dr. Matson has been Dean of the Department of Pharmacy of the Ohio University for a number of years, and is a young man unusually well qualified to fill this important position.

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Write for Booklet.

We regret to learn from the California Medical Journal of the death of Prof. M. H. Logan, on December 28. Dr. Logan was born in Richview, Ills., in 1855. In 1864 he crossed the plains to California with his parents, and settled near Santa Clara. He graduated from the California Medical College in 1881 with high honors, later entering the Pharmacy Department of the State University. Dr. Logan had traveled extensively through Europe, and attended medical lectures at Berlin and other leading hospitals. In 1883 he was appointed Professor of Chemistry in his alma mater. He was an active member of the California and National Societies, and will be greatly missed by his many students and friends.

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## READING NOTICES.

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A prominent Eclectic physician writes that hot Antiphlogistine applied over the entire length of the spinal column, with heat applied external to it, is of much service in relieving the spinal tenderness, spinal irritation, and the consequent extreme soreness which often develops in these cases over the spinal ganglia. He says that a long train of symptoms is apt to follow this spinal condition, symptoms which are mistaken for other conditions or for diseases in other organs, and the central irritation is entirely overlooked.

---

### Practical Advertising for Texas.

The second annual meeting of the Northern Settlers' Association will be held at San Antonio, Texas, under the auspices of the Southern Pacific Railroad, assisted by the Business Men's Club of that city; the dates selected for the meeting being April 20th and 21st. Advertising matter looking to a wide publicity of this occasion is being prepared, and will be forwarded to any person making request therefor. The object of this Association is to have any prospective settler or investor furnished with reliable data as guidance in any transaction he may elect to make. A very low round trip rate will be made to San Antonio for that occasion, and low rate excursions will be run from San Antonio to such points as visitors may desire to inspect. The possibilities afforded by a gathering of this character can not be overestimated, and I would suggest that you begin now to plan and make arrangements to visit Texas at that time. In this movement the Southern Pacific has the co-operation of all lines in your territory, and you will doubtless be solicited by their traveling representatives.

For literature and additional information, please communicate with Mr. T. J. Anderson, General Passenger Agent Southern Pacific, Houston, Texas.

---

### The School Girl and the College Woman.

There is a season in diseases as there is in dress. While menstrual irregularities and disturbances are not markedly influenced by the changing seasons, except in so far as they are aggravated by cold and chill, still the re-opening of schools and colleges for girls calls these things to mind strongly, for many of the worst cases are found among school girls and college women.

In treating these as well as other diseases of women, Hayden's Viburnum Compound enjoys an enviable reputation. We have seen many



young girls arriving at womanhood wonderfully relieved of those agonizing sensations incidental to this critical period, by the administration of this preparation. In painful or delayed menstruation it affords relief, and the genuine preparation can be prescribed with entire assurance of satisfactory results.—Mass. Medical Journal.

#### **Mercurial Inunctions in Syphilis.**

In America the profession, as well as the laity, have not taken so kindly to this method of administering mercury as they have in the European countries. When the disadvantages and in some cases the disastrous results attendant upon a long continued course of treatment by mouth are considered, it would seem that this method of treatment is not sufficiently taught and emphasized among the people at large.

A very satisfactory method of prescribing inunctions is to take a piece of mercury ointment (U. S. P) and thoroughly mix it with thick lather prepared from Listerine Dermatic Soap (Lambert). The skin area to be used should be at least seven inches in diameter, and should be well cleansed with the same soap, and the mixture should be rubbed in thoroughly for a half-hour.—Amer. Journal of Dermatology.

Dr. Wm H. Downham, of Anderson, Ind., writes: "I used a sample of Unguentum Antiseptic Compound, manufactured by the Physicians' Pharmacal Company, of Atlanta, Ga., with very gratifying results, in a case of utero-ovarian disease, and am very much pleased with it, and regard it as an elegant preparation."

A reader well versed in French takes exception to my *le's* and *la's*, and calls attention to an error which he believes he has caught me making with my genders when saying *Vive la Mariani!* which, by his interpretation makes Mariani of the feminine gender. But nothing could have been further from my wish, for Mariani is of all men an exceptional type of manhood, and fully entitled to be so engendered. In this expression of long life to Mariani, the individual was not intended, but the subject he qualifies was in mind, that is, Coca. For all the world knows that Mariani has made coca synonymous with his name. Mariani, then, stands for coca, and coca means Mariani. The rest is with the French lexicographers, who, having made coca of the feminine gender, enable us to rightly express the heartfelt wish—*Vive la coca*, implying also Mariani, or coca, as you will, and thus affording a pretty play on terms by way of courtesy. So then I say, *Vive la coca Mariani!* *Vive Mariani!*—Editor of Coca Leaf.

Dr. W. A. Curtiss, of Kirkville, N. Y., writes to the Physicians' Pharmacal Company, of Atlanta, Ga., as follows: "Gentlemen: I have been using your Unguentum Antiseptic Compound with good results in a case of prolapsus uteri, and am pleased with its action."

JOPLIN, Mo, Dec. 20, 1905.

The Anti-Uric Acid Co., Peoria, Ill

Gentlemen:—I have used several bottles of your Uric Antagon with great satisfaction, and think it will accomplish that for which it is recommended.

Respectfully,

J. BLACKWELL, M. D.

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## **Original Communications.**

### **THE MEDICAL TREATMENT OF DIPHTHERIA.**

**By H. L. Henderson, M. D., Astoria, Oregon.**

When Galileo announced his astronomical discoveries and expounded the philosophical truths governing the celestial universe, he was ridiculed, ostracized and persecuted, and finally forced to retract. The great truths which he promulgated were in conflict with the accepted orthodox ideas, and therefore were regarded as inimical and dangerous to the then accepted ideas concerning that science. The facts which he announced were in reach of all who would industriously search for them; yet he was the only one in his day who possessed the requisite degree of industry and the necessary reasoning power which enabled him to formulate the astronomical facts which the telescope revealed.

The discoveries of the great facts in nature which he announced were not his theories, but were and are the inflexible laws governing the universe. The skepticism of his cotemporaries and the ridicule and persecution of his traducers did not in one iota alter the truth as he announced it, nor did his forced retraction in any way lessen the importance of his discoveries. The universal law of gravitation, when first formulated by Newton, was met with the same ridicule and skepticism as had been the discoveries of the great astronomer. The very ones who were the first to cast the stigma of doubt and ridicule upon each of these great discoveries were the ones who should have been the first to hail with acclamations of approval the announcement of these discoveries.

When the great truth or fact of the circulation of the blood was announced, which now seems to have certainly been self-evident to every one, it was also met by the same degree of opposition at the hands of those who should have been the first to acknowledge its truth. So the pages of history are crowded with records of skepticism and doubt, by which all advancement in scientific lines has ever been received. Fortunately, however, skepticism and doubt do not in the least detract from

the real value of a great truth. No man has a right to say that a certain thing is not true unless he has patiently demonstrated the fallacy of the alleged fact. Until one has fully and exhaustively studied a given subject, he is liable to not be in possession of all the knowledge concerning the matter in hand, and common decency at least should prompt him to hold the receptive attitude until he has demonstrated its truth or falsity.

The whole universe is governed by inflexible laws. This is true of both the celestial and terrestrial worlds, and must be admitted by every reasoning creature. An old axiom that is applicable here is that, "What is true of the whole is also true of a part." If this be true, and who will question it, then the human body being a part of the terrestrial universe, it must be governed by laws whose inflexibility is adamant. If the body is controlled by law, so must be each individual cell composing the body. When any of the laws governing the body or a cell are flagrantly violated, disarrangement of the atoms of the cell or of its functions brings on conditions that we know under the name of disease. It may be that we, in our narrow field of observation, are unable to fix upon the law that has been violated, or to trace the connection that exists between the given trespass and the phenomena as manifested in a given case; yet, because we are too ignorant to see the defect, does not imply that the law does not exist.

So in regard to the action of any remedy that we might apply for the cure or amelioration of disease. It must be governed in its activities by inflexible laws, and it is our duty as physicians to do all in our power to understand those laws, and when we, in our egotism or ignorance, fail to know them, then we are false in our pretensions, claiming that which we do not possess.

The man who is a practitioner of medicine, and who boastingly says, "I have no faith in the action of medicines," and, "the science of medicine is limited by personal experience," he is an object for pity, and should receive the commiseration of those who heard him make the unfortunate boast. In the first place, he unwittingly proclaims his own ignorance of that which he is supposed to know, and admits that he has not industriously applied himself to the attainment of knowledge within his reach. This knowledge is within the reach of all who will stretch forth their hand and take it. It is in the books of every physician's library.

The man who has not this knowledge is like a great military genius. He may be able to accurately outline and sketch the line of fortifications of the enemy. He may be able to even count the numbers of the invading host, but he has not soldiers with which to meet the onset of the approaching conflict, and he has no ammunition with which to repel

the invaders. He has gone on the field before recruiting his army, and has exposed his position without having supplied himself with the necessary ammunition. The doctor who is practicing medicine thus poorly equipped may be able to glibly recite the anatomy of the human body, both in its grosser and minute analysis. He may be able to instantly recognize a given microbe and assign it to the family to which it belongs, be it strepto-, diplo-, gono-, or any other of the numerous families of the coccus tribe.

He may be able to instantly tell us that in a given case there is a degenerative change taking place in the cortical substance of the posterior limb of the internal capsule of the right hemisphere, or that a mass of plasmodium malariae has become lodged in the third division of the inferior angle of the gyrus fornicatus, and yet in the presence of disease he is as helpless as an infant. With all his array of scientific knowledge, of what use is he in aiding nature in her efforts toward correcting the given lesion, and in preventing the onward march of dissolution?

My conception of the most prominent duty of the physician is to aid nature, and, as we commonly express it, cure disease. If he is unfitted to perform that duty, it would indeed be surprising if his patron did not discharge him and call another doctor, or possibly drift into the clutches of an osteopath, an Eddyite, a faith healer, or else go to the drugstore and purchase a bottle of "liquizone," or some other medical fraud. When people are sick, they want to be cured, and they do not trouble themselves about the microbe or the particular brand of serum, as to whether the horse from which it was extracted was spavined or not.

Cure is the thing they want. How can a physician bring about the cure which they demand if he has no ammunition at his command with which to repel the invasion of disease, namely, good medicines and knowledge, and faith in their action? Yet the medical profession is filled with men who are in the same position as the general who has no soldiers and no ammunition. It is thought by many wise men of to-day that this dereliction on the part of the medical profession is one of the principal reasons of the formation and the flourishing growth of so many of the mushroom fads and "pathies" of the day. It is certainly true that they would not exist if they were not patronized, and would they be patronized if physicians gave to their patrons the true and unalloyed knowledge that the patron has a right to expect, is a question that the medical profession would do well to ponder on and honestly answer.

I am a firm believer in the old "saw," "there is nothing new under the sun." We often hear the announcement made that some great man, at least great in his own estimation, has made some wonderful discovery that will bring about a complete revolution in the practice of medicine. With blare of trumpets and the adulations of a gaping multitude he may

even attain a world-wide fame. But when his boasted "discovery," as he terms it, is tried by the crucial test of scientific analysis, it is found that it is simply an old and well-known truth clothed in a new garb, and often the new garb is scarcely adequate to cover the tatters of the old mantle. We may carefully watch the blade of grass as it slowly pushes its way through the overlying mould. Soon it takes form, and we are ready to exclaim, Behold the process of creation! Yet when we come to test the matter, we find that that same blade of grass is made up of atoms and molecules that have been in existence since the dawn of creation, simply changing form, but not losing identity.

In taking up the subject of the medical treatment of diphtheria, this lengthy introduction has been employed for the purpose of laying a foundation upon which to build the structure, the most important features of that structure being that I have nothing new to offer, and that to be successful in the treatment of this, or for that matter any other disease, the physician must be governed by law, and must have at hand those remedies that will assist nature in her efforts to eradicate the diseased condition. One should be able to trace the phenomena occurring from the time that the given molecule in a certain cell becomes deranged, either in function or in structure, until it produces the given condition that we call disease, as manifested by symptoms. Then he must be able to apply a remedy whose action he must be able to trace from the time that it enters the human system until it reaches and rights the wrong in the diseased cell, and adjusts the perversion of the atoms of the given molecule. It may be said that this is an ideal but an unattainable degree of knowledge. This may be true to some extent, but that does not hinder us from approximating the ideal as near as it is possible for human endeavor to attain it.

The medicinal treatment of diphtheria naturally divides into two divisions: Constitutional and local. In this essay we will not in any way refer to the sanitary and hygienic treatment of the patient, nor will we consider those extremely malignant forms of the disease that fortunately are rarely met with, in which the patient succumbs in a few hours to the malignancy of the infection. In my professional life, extending over a period of now nearly twenty-four years, in which time I presume that I have treated as many cases as has the general average of physicians, I have never yet felt the necessity of the use of a microscope to enable me to diagnose this disease, and at the same time I do not lay any claim to special diagnostic acumen.

I fear that there have been many lives sacrificed on the altar of the microscope; because the time lost might well have been better spent in treating the case. Each case is a law unto itself, and no two cases can

or should receive the same treatment. Each feature presented in a given case must be specifically treated if success is to crown the efforts of the physician. The man who treats diphtheria, or for that matter any other disease, by a set system will furnish a rich harvest for the grim reaper. The patient must be closely studied, and the treatment must be directed to the patient. The disease is not an *entity*, but is a wrong state of the activities of the body. The effort of the physician must be directed toward removing obstructions in the path of nature, as she wisely endeavors to bring about normal life.

If we take a perspective view of a given case, we will at once observe that one or two groups of symptoms seem to be more prominent than are the others, so that to them we direct our principal treatment. Thus, in one group of cases we see that wrongs of the circulation are the most prominent features in the case. In another group the temperature shows the most prominent feature. In another group of cases we find that the faucial condition is the most prominent, and should receive the closest attention. In another sepsis will seem to be the point to which we must direct our treatment. And thus other features will appear from time to time, and each must receive its proportionate attention. By viewing a case in this light, we see that one or possibly two medicines or methods will take precedence of the others. In my own work I am accustomed to guarding well the stomach, and keeping it in the best possible condition, thus facilitating the absorption of remedies and nourishment. I am sure that such a plan is of first importance.

We will try to bring to our mind's eye a typical case of diphtheria, and to it we will apply the analytical discrimination and therapeutic selection, as indicated in what has been already said. Is the case one in which a wrong of the circulation is the most prominent feature? If it is, then we will carefully scrutinize that wrong of the circulation, and ascertain what is the pathological wrong that has produced it. If it proves to be a case in which the irritability of contractile fiber is exalted, giving us a rapid, small, hard pulse, then we will give a small dose of aconite, repeating it often, and soon the circulation will yield to its influence, and the circulation approaches the normal standard. Is the increased and excited circulation a result of an exaltation of the contractility, or rather tonicity, of muscular fiber? If it is, then we will give veratrum instead of the aconite, in a small and frequently repeated dose, and soon the circulation will approach the normal. If the circulation is oppressed and congestion of a passive type is a prominent feature, we will give belladonna, possibly combined with muriate of ammonium. In some cases the belladonna will be replaced by lobelia, if the heart shows that it has a load too heavy for it to carry, and the patient



complains of precordial oppression; and if the patient is too young to make intelligent complaint, we will interpret the oppressed condition by noting the breathing and the expression of countenance. In another group of cases we will note that probably the most prominent feature in the case before us is the intense engorgement of the lymphatic glands and channels. In that case we will give phytolacca, or it may be that in a certain case the iodide of lime will suit best. We will give one of these remedies until the lymphatic involvement yields to their action.

In still another group of cases sepsis stands out prominently as the element in the case that deserves first attention. If so, we will note the leading feature in that sepsis. All sepsis is not alike. Is there sepsis with sodden bluish tissues? Then we will administer baptisia. Is there a marked cadaveric odor? Then we will give chlorate of potassium. Is there sepsis with pallor of mucous membranes and a pasty, whitish exudation of a sticky mucus? Then we will give sulphite of sodium. Is there a general evidence of sepsis, with nasty fetid excretions, seemingly from all surfaces and emunctories? Then we will give echinacea. I have found this remedy indicated more frequently than all others in this line combined.

If the mucous membranes are red, with septic evidences, showing that the alkaline constituents of the blood are in excess, at the same time that the sepsis is progressing, then we will use as our constitutional antiseptic sulphurous acid. If there is a tendency toward gangrene in the faucial tissues, with septic conditions generally, then we will give both internally as well as locally turpentine, or possibly alcohol. Other constitutional antiseptics might be indicated in certain cases, but we will let these suffice as types of others that might be necessary.

We will next turn our attention to the local condition, or manifestation of the disease. I conceive that the essential feature in treating the local condition is to limit the deposit of false membrane both in its extent and in its thickness. In the four cases of this disease which I have been so unfortunate as to lose during my professional career, two of them died from asphyxiation, due to the thickness of the fibrinous deposit. The remedy that will almost instantly place a limit upon the extension of the membrane, and at the same time will cause that already deposited to melt, almost like snow before a bright sun, is a solution of lime and sulphur, and at the same time it is absolutely non-irritating and non-poisonous. I may apply it either as a spray, a wash or a gargle. I have never seen a single case during the last eighteen years in which the membrane extended or thickened after this remedy was regularly and thoroughly applied.

In another case, with limited exudate, but with great amount of

sticky mucus in the throat, I would prefer to use peroxide of hydrogen, or possibly a solution of borax. In another case the tissues of the throat seem to be edematous and boggy. There we will use a mild solution of iodine. In another case we will find the tissues taking on an erysipelatous appearance, in which case we will apply a mild solution of muriate of iron and chlorate of potassium. If the tissues take on a gangrene-like condition, then we will use either turpentine or alcohol, as mentioned before, or we will apply the full strength tincture of echinacea. Other remedies that are efficient local antiseptics might be mentioned, but these as named will indicate the rules to be followed in selecting the one that will best accomplish the given purpose.

If an exalted temperature is one of the most prominent symptoms in the case, and it fails to yield to the arterial sedatives and the constitutional antiseptics as indicated, then we will give the patient the benefit of the repeated tepid bath. We will never give any of the coal tar derivatives for this purpose, for we do not wish to impede the heart action with that kind of a remedy. Of course we will find cases in which we will be compelled to direct some remedy toward quieting the excited nervous system. When that case is seen, we will first think of passiflora. Then bromide of ammonium. Hyoscyamus is also excellent in some cases, as well as is rhus tox. The selection of the correct remedy for this purpose must always be governed by the same judicious care, remembering the action of each, as in the selection of other remedies for special purposes in the given case.

I wish to say something at this juncture in this essay as to the medicines used. I am firmly of the opinion that when a physician gives a remedy intending and expecting that it will bring about a certain end, and it fails to do so, in that case either the medicine is at fault, in either quantity or quality, or else the physician has made a mistake in the selection of the remedy. It is sometimes, in these failures, the quality of the medicine. I am accustomed to using "Specific Medicines," as made by Lloyd Brothers, and they have never yet disappointed me. I will not say that other manufacturers do not make as good, but "Specific Medicines" have never disappointed me, and consequently I have had no occasion to become acquainted with the action of medicines manufactured by other firms.

Thus it will be seen that I have nothing new to offer in the way of the medicinal treatment of diphtheria. I have had the disease myself in a rather severe form, and am willing to trust myself to this line of treatment, if I should ever again be so unfortunate as to become afflicted with this disease. I have yet to find the case in which a careful analysis and judicious and intelligent selection of remedies has made me wish

that I had other remedies than those as indicated by the foregoing enumeration. As intimated before, in a practice of nearly twenty-four years, I have had the misfortune to lose four, which is a far better percentage of mortality than I think can be promised by any of the enterprising manufacturers of antitoxin. I have never had a case of paralysis, or any of the other repulsive sequels that often follow the use of serum therapy. I feel confident that no act of mine has ever contributed to the death or maiming of a single patient. I am satisfied to treat my patients along this line just so long as I have equal results as those of the past.

It might be asked, How do you know that the remedies will do the things indicated in the manner as outlined? To such a question I must make this answer: I have not the space and time to write a treatise on therapeutics. The knowledge that remedies will accomplish these ends is within the reach of all. Any of the standard authors will, when consulted, clearly point out the road to follow, not only in this disease, but all others as well. Some one might say: I don't believe that remedies are governed by a specific and definite line of action, as indicated in this essay. To such I can only say: There are people in this world who do not believe that the earth revolves around the sun; yet their unbelief does not alter the fact. Another might say: Ah, these are the Scudder ideas. These are no more the Scudder ideas than is the fact that the sun is a fixed body in the celestial universe, a Galileo idea. They are great and inflexible truths, that can be demonstrated by any one who will take the trouble to industriously investigate them.

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### ECLECTICISM IN SOUTHERN CALIFORNIA.

By J. A. Munk, M. D., Los Angeles, Cal.

With the rapid advance of empire westward Eclecticism has kept pace. All over the Rocky Mountain region and on the Pacific Slope Eclectic physicians have located in prosperous towns and cities, and are doing their full share of the business.

The beginning of Eclecticism in Southern California has been comparatively recent. Prior to the year 1890 there were only a few Eclectics living in Los Angeles and Southern California; but since that date their number has greatly increased.

The first Eclectic to establish a permanent residence in Los Angeles was G. W. Finch, M.D., who moved to the city in 1882, has resided here ever since, and is still engaged in the active practice of medicine. Others came to the city after him, and when I moved to Los Angeles in 1892, ten years later, I met Dr. James Adams, Dr. D. A. Cashman and

Dr. J. H. Crawford, all of whom have since died. During the past dozen years many other Eclectic physicians have come to Southern California, and are living in Los Angeles and other towns.

In 1897 a call was made for a meeting of Eclectic physicians in Southern California for the purpose of organizing an association. The meeting convened in my office, which at that time was at 124 South Spring Street, on April 21, 1897, and resulted in organizing the Southern California Eclectic Medical Association. A constitution and by-laws were adopted and officers elected for the ensuing year as follows: President, T. F. Kelleghan, of Santa Barbara; Vice-President, Dr. W. D. Turner, of Pasadena; Secretary, Dr. O. C. Welbourn, of Long Beach; and Treasurer, Dr. J. A. Munk, of Los Angeles. The annual meetings of the association are regularly held during the month of May on the call of the President.

On October 3d, 1903, the Los Angeles County Eclectic Medical Society was organized. The meeting was held in Dr. Welbourn's office, 303 Grant Building, and the following officers were elected: President, Dr. J. C. Solomon; Vice-President, Dr. B. R. Hubbard; Secretary, Dr. A. O. Conrad, and Treasurer, Dr. A. P. Baird. The society meets regularly on the first Monday night of every month. A paper is prepared and read by some previously appointed essayist, after which the meeting is open for discussion. After the business meeting is over light refreshments are usually served by the host, and a social time enjoyed.

Returning from a two years' trip abroad in 1901, Dr. Welbourn located in Los Angeles, and became interested in the Deaconess Hospital, conducted under the auspices of the First German Methodist Episcopal Church, located at 447 South Olive Street, and was elected its medical director. The management contemplated erecting a new and enlarged hospital building, and Dr. Welbourn at once began the work of planning its construction, and fitting it up with all the latest improvements for aseptic surgery. As medical director, he was vested with the power of nominating the medical and surgical staff of the hospital. Being a genuine Eclectic, he selected its members from his own school, and the entire staff of Eclectics that he nominated were elected. As Chairman of the Hospital Committee, he made his report to the Southern California Eclectic Medical Association for its formal and official sanction. The report was unanimously adopted, and the Association pledged to give the hospital its undivided support. This hospital gives to the Eclectics of Southern California superior facilities and a standing in the profession that is the equal of any other school. The new hospital has now been open two years, and is a pronounced success. In the work of building and equipping the new hospital Dr. Welbourn has

shown exceptional organizing and executive ability, and his skill as a surgeon is unquestionable.

With the opening of the hospital it was deemed advisable by some of our leading men to start a medical journal to represent Eclecticism in Southern California. A legally incorporated company was duly formed under the title of the Los Angeles Eclectic Publishing Company, and the *Los Angeles Journal of Eclectic Medicine* has appeared monthly ever since its first number was issued, in August, 1904.

As the interests of Eclecticism in Southern California were now growing rapidly, it was decided that the conditions were favorable for starting a post-graduate medical college, which resulted in organizing the Los Angeles Eclectic Polyclinic. The building at No. 445 South Olive Street was rented and fitted up, and Dr. Munk installed as Dean. The European method of small classes and individual instruction was adopted, the number in each class being limited to six students and the term to six weeks. In view of the fact that the average medical college pays scant attention to the modern subjects of pathology and bacteriology, and yet being classed as major studies by the medical law of the State of California, it was decided to make those studies the equal of any other in the Polyclinic Curriculum. Dr. J. Park Dougall was appointed to this chair, who is not only thoroughly conversant with these branches of study, but is also a successful instructor. The College was opened on November 1st, 1905, and its first graduate, William P. Byron, M.D., successfully passed the State Board at its last meeting.

Dr. Welbourn took the initiative in all of these several enterprises, and their success is largely due to his efforts.

On August 1st, 1901, the new medical law went into effect, which provides for a State Board of Medical Examiners, whose province it is to examine all applicants for State honors and issue licenses to those who are found qualified to practice medicine in California. The Board consists of nine members, two Eclectics, two Homoeopaths and five Allopaths, that are elected annually by their respective State Societies. Dr. L. A. Perce, of Long Beach, was elected the first year and for four successive terms as the Eclectic member from Southern California. During his last term he was elected and served as President of the Board.

Southern California, although comparatively new in development, is a promising field for Eclectic effort. Already a number of capable young men are well located and doing a successful business, but there is still room for more young Eclectics of the right kind.

**NEURITIS, RHEUMATISM, AND SCIATICA.****By Lyman Watkins, M. D., Blanchester, O.**

Neuritis, as the name indicates, means the inflammation of a nerve, and may be either simple or multiple, depending upon the number of nerves implicated. Anatomically the disease is described as interstitial or parenchymatous, and the causes are traumatic, alcoholic, or infective. Idiopathic neuritis is that form of nerve inflammation in which the cause is unknown, but as there can be no abnormal state without a cause, it is probable that the name will be dispensed with later.

Neuritis is due to a variety of causes, and the symptoms vary with the location of the nerve; for of course ulnar neuritis would evince a different train of symptoms from optic neuritis. Heat, pain, redness, swelling, tenderness and impairment of function, are the clinical signs of inflammation, sometimes defined as the reaction of tissues to injury. But in nerve structures some of the classical symptoms may be absent. In neuritis some of them are absent while others are added, such as muscular twitchings, contractures, anesthesia, and paralysis.

A nerve cord is composed of various tissues, the epineurium, the perineurium, and endoneurium inclose the fiber, which is composed of neurilemma, medullary, axilemma, and axis cylinder, or the neuraxon of a neuron. The parenchyma forms a very small proportion of the nerve cord. And while the term parenchymatous neuritis is given to an inflammatory process confined to axis cylinders, and the name interstitial neuritis to an inflammation of the connective structures surrounding the cylinders, this refinement of diagnosis is difficult and rarely necessary, as both forms of inflammation are intimately connected and rarely occur separately.

As neuritis may occur in either motor or sensory nerves, the symptoms vary accordingly, and as many nerves are mixed nerves, we often find symptoms combined. As in most inflammations the degree of inflammation may vary and likewise the symptoms, the rapidity in the development of the symptoms depends upon the intensity of the inflammation.

Pain is not always a symptom of neuritis, but in severe cases there is, at first, much pain in the nerve and surrounding muscle and skin supplied by the affected nerve. The usual symptoms are formication, numbness, tingling, burning, heaviness and coldness. At first pain is increased by movement but as the disease progresses, anesthesia or numbness takes the place of pain, although there may still be pain around the edges of the inflamed area. As the pain fades away paresis occurs, joint movements become clumsy, and the finger movements are

awkward and incomplete. Vaso-motor disturbances appear with muscular atrophy, and sometimes oedema from lack of vascular tone. The cushions on the tips of the fingers waste, the fingers curve in like claws, become slender, red, and shiny, with an excessive growth of nail. Adhesions and permanent ankyloses occur in joints supplied by the inflamed nerve. This picture of neuritis will remind us of the condition frequently called rheumatism.

Before attempting to make a differential diagnosis between neuritis and rheumatism it will be well to attempt some kind of definition of the term rheumatism.

Neuritis has been in the past called rheumatism, and, in fact, any or all painful conditions of muscle, joint or membrane are even now frequently called rheumatism. This practice seems very satisfactory to both patient and doctor. The term is familiar to the patient, one with which he has probably been acquainted from childhood — indeed, patients frequently come with diagnosis ready made and ask for medicine for rheumatism; the physician accepts the diagnosis without question and both are satisfied, although, perhaps, both mistaken. Neuritis, neuralgia, sciatica, locomotor ataxia, polio-myelitis anterior, progressive muscular atrophy, arthritis, synovitis, and tubercular and syphilitic joint affections, have been diagnosed as rheumatism; the name, however, is more generally applied to acute articular inflammation, with myalgia and metastasis. Now, before we can draw a line between rheumatism and any other disease we must first agree upon what we shall call rheumatism; to what symptom or combination of symptoms shall we apply the name.

According to one author, "Rheumatism is an infectious disease, marked by inflammatory disturbances of the articular, serous and endocardial surfaces, a heteropathic disorder due to the action of unknown micro-organisms." This definition is very good, but rather indefinite, leaving, at it does, both the pathology and the cause as unknown, and accounting for but a few of the many symptoms.

Another author says that rheumatism is caused by an irritant, organic or inorganic, circulating in the blood; the causes are many, and the manifestations differ widely. This is also a definition that does not define. Still another writer gives the lucid information that rheumatism is a general disease with local manifestations, or a general disease with both local and general manifestations. Mitchell, Gull, Charcot and Hutchinson supported the nerve theory. The exciting causes of rheumatism produce an impression upon the surface of the body; this is conducted to the trophic and vaso-motor center by afferent nerves, which causes a disordered metabolism, and results in the production of

a materies morbi in the blood. Causes of rheumatism, as at different times suggested, are an excess of lactic acid in the blood, uric acid in the blood in excess, pathogenic micro-organisms, dampness, coldness, retention of excretions, and extreme and fatiguing muscle work.

Observation leads us to conclude that the profession are not agreed either upon the cause or nature of rheumatism as yet.

The so-called acute articular rheumatism is characterized by swelling, redness and tension of joints, pyrexia and pain. The pain varies from a dull aching to all degrees of acuteness, while the patient is often rendered entirely helpless, and can not use his limbs. This affection is remarkable for the rapidity with which the swelling and pain may subside in one locality to appear in another. In a large number of cases the heart is implicated. The above description applies to an infectious disease caused by pathogenic germs running riot in serous and synovial membranes, and should be called acute infectious arthritis, and not rheumatism. It differs from neuritis in the rapidity of its changes and the duration of the attacks, and there is not the paresis, vaso-motor disturbance and anesthesia, that are found in neuritis in its latter stages. Recovery is also more rapid than in neuritis, the average duration of acute arthritis being twenty-one days, that of neuritis about twelve months. In sub-acute and chronic arthritis the differential diagnosis is not difficult, for there is here no anesthesia or paralysis as in neuritis, but always pain.

Synovitis, often called rheumatism, lacks the constitutional symptoms of that so-called condition, whatever it is, and is by no means confined to those predisposed to articular inflammations. We are no more justified in calling synovitis rheumatism than we would be in calling pneumonia, typhoid fever, or scarlatina, rheumatism, when joint and serous complications arise. There is no scarlatinal rheumatism.

There may be some difficulty, in the beginning, in differentiating between synovitis and neuritis, but not after effusion has arisen in the former, and suppuration never occurs in neuritis. In synovitis without effusion, especially in hysterical subjects, the diagnosis may remain in doubt for some time.

Gonorrheal rheumatism, so-called, does not exist, but there is a gonococcal infection of joints and serous membranes, due to the spread of the gonococcus, which is very painful, and at times dangerous, but this is gonorrhea, not rheumatism; the same may be said of syphilitic and tubercular joint affections, often called rheumatism; they are simply local manifestations of a general infection. In fact, it appears that this term rheumatism could very well be discarded from our nomenclature, as there seems to be no disease to fit it.



Should this be true, then there can be no differential diagnosis between a definite disease like neuritis, and such an indefinite condition as the so-called rheumatism. The term *rheuma* is defined as a humor, and means a humor in the blood, but this covers a much larger field than that generally ascribed to rheumatism, as most diseases are due to blood wrongs, or result in blood wrongs.

Neuralgia is not rheumatism, sciatica is not rheumatism. Sciatica is usually a neuritis, but may be a neuralgia. There is no disease which can properly be called sciatic rheumatism. As for locomotor ataxia, pseudo-hypertrophic paralysis, polio-myelitis anterior, Charcot's joint affections, osteo-myelitis, tic-doloreaux, Potts' disease, and others sometimes called rheumatism, they need only be mentioned to be taken out of that category.

And so it appears that our search for the elusive state so long before the public as of great importance is to prove futile. It is sad to see such an old friend depart, especially since by the term rheumatism we could so conveniently conceal our ignorance, and still satisfy our patients.

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### HERBS AS MEDICINES.

By Chas. L. Olsen, M. D., Murray, Utah.

Nature clearly demonstrates that every animate being is governed by certain irrevocable laws, and is subject to conditions both favorable and unfavorable.

What would appear to be an unfavorable condition to the being would, perhaps, in reality be the reverse in the economy of nature — the very condition necessary to bring about the desired end, the very factor needed to subserve the purposes of the Creator or to maintain the law governing such being.

Through disobedience to, or neglect of, the laws of nature, man brings upon himself disease and entails upon his progeny a train of ills.

While, from various causes, sickness is more prevalent among man than among the rest of the animal creation, yet, ailment is by no means confined to the former. But who has failed to observe how forcibly the law of self-preservation asserts itself in the innate perception displayed by the suffering creature?

Even the lower animals, being subject to illness and coming under the universal law of decay, are, seemingly, endowed with instincts which prompt them to seek relief when ailing; for this purpose they may utilize the sun, air and water; they may apply mud, clay, dust, saliva,

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† This paper is a thesis written some years ago; on the graduation of Dr. Olsen. It was preserved by me for reference, being a translation and condensation from an old volume of Dr. Paulli, 1648. It is now published as a useful record and reference.

etc.; seek rest, take plunge baths, select the shade or prefer the light; pay attention to their diet or eat different varieties of grass and herbs, all according to the nature of their ailments, their environments, or the circumstances under which they are placed.

Sickness, suffering and death being the heritage of man, it seems but natural that he should cast about for finding such agents as would tend to prevent, alleviate or cure disease.

In view of the general inclination of primeval man, when in a dilemma, to resort to means which, in a way as direct as possible, may meet his present requirements and satisfy the immediate demands of nature, one may safely conclude that herbs are among the first in the line of natural remedies for man — that an all-wise and beneficent Creator intended them to be “for the healing of the nations”; for, with an apparent intuition, even uncivilized people seek and find in nature’s great laboratory — in the forest, the valley, the marsh, on the mountain or plain — remedies with which to cure their ills. Traditions concerning the curative powers or other properties of certain herbs are handed down from father to son, or from one person to another, generation after generation.

As civilization advances, primitive views, crude methods and abstract ideas yield to scientific research and accuracy, demonstrated facts and intelligent application. It is interesting to note what indefatigable research, experience, properly conducted experiments and keen observation can do in developing the natural resources — means placed at the disposal of intelligent beings for the betterment of the condition of mankind.

In regard to the remedial properties of herbs alone (to which we purpose to allude in the present article), comparing what was formerly known with what, in the light of modern medicine, is now known concerning same, one is forced to the conclusion, that future scientific investigations will bring to light many hidden or unknown virtues not recognized at present. For the purpose of such research we have the Lloyd Library, in which is to be found the books herein commented on.

In an old, illustrated botanical work, the “*Flora Danica*,” published in Copenhagen, A. D. 1648, the author, Dr. Simone Paulli, describes a great variety of plants, giving their names and synonyms in several languages, their general appearance, where they grow, what season of the year they appear in, when they blossom, and what their uses.

The work, which, pursuant to a royal decree, was published “for the benefit of common people,” contains 1,436 pages; the illustrations (wood cuts) are highly creditable to the artist; it is replete with quotations from, or references to, such authorities as Agerarius, Agrippa,

Apulejus, Baubinus, Bock, Camerarius, Dioscorides, Dodonaeus, Galen, Hippocrates, King James I., Mattioli, Monardus, Scribonius, Sebicius, Seneca, Solenander, Villonovanus, etc.; is interspersed with copious annotations, and contains three distinct indexes — in the Latin, German and Danish languages. From the care and conscientiousness manifested in treating the subjects in hand, it is evident that the author aimed at accuracy, and that he keenly appreciated the responsibilities consequent to the task which he had undertaken.

In this article we shall take up a few well-known herbs dealt with in the above mentioned work, and note what botanists, chemists, physicians and other learned men, some two and three centuries ago, considered to be the medicinal properties or other uses of such herbs. Any one having learned what is known, at present, concerning the remedial qualities of the plants referred to can make such comparisons as he sees fit.

**ACONITE.**—Aconite of all kinds — Baubinus described about a dozen varieties — was considered to “do far more harm than good; therefore, those who grow these herbs in their gardens should be very careful not to use them internally or externally as a medicine or healing remedy, but be satisfied with the pleasure derived from their beauty and early blossoms.”

Referring to the poisonous properties of *Aconitum Napellus* — the plant from which Specific Aconite is prepared — the author condemns in strong terms the use of this plant. Dodonaeus is quoted as saying: “So great is the strength of the poison (Aconite) that if the end or point of an arrow be dipped in it, those who might be wounded by such arrow must die.” And Matthioli taught that the root of *Aconitum Napellus*, if held in the hand till it became warm, was so poisonous that it would kill the person. He also relates that herd-boys have been known to die from eating birds that have been roasted on the stem of this plant used as a spit.

To be sure, Aconite is poisonous; so much so that we are taught that no antidote will counteract an overdose of Specific Medicine Aconite. Yet this drug is now referred to as being the backbone of the Homeopathic practice. And Professor Locke says concerning it: “Aconite, in my opinion, is the great antiphlogistic of the *Materia Medica*.” (Lecture, *Materia Medica*, March 1, 1897.)

Notwithstanding the adverse opinion of the older physicians regarding Aconite as a medicine or healing remedy, internally or externally, it was used as an anti-rheumatic, a diuretic, diaphoretic and narcotic in 1762. At present it is not considered to be a narcotic in its full sense.

**AGRIMONIA EUPATORIA.**—*Agrimonia eupatoria* (*Eupatorium Dioscoridis*) and *Eupatorium Mesves* — considered by most of the older botanists to be identical with *Ageratum foliis serratis* — were both used

in obstruction of the liver, or any other disorder of this viscus. "But," says Paulli, "it is profitable to know, concerning these two varieties of Eupatorium, that practicing physicians use more of the former than of the latter."

**BRYONIA.**—Contrary to the views entertained concerning the medicinal or therapeutic uses of Aconite, Bryonia was held in great esteem by the older herbalists. It was held to be an excellent remedy in dropsy, disorders of the liver, the spleen — all diseases affecting biliation.

Apulejus says of Bryonia alba, that it is a valuable antidote; and he even goes so far as to declare that "any person that will apply this plant to his head, or who will simply carry it with him, can not in any way be injured or overtaken by any illness."

Villonovanus, who called this plant Celeste Sigillum, (celestial seal, or heavenly sign,) extolled it as a remedy for gout and podalgia; for the latter affection, this authority recommends that Bryonia be used as one of the ingredients in cataplasms.

**COLCHICUM AUTUMNALE.**—Colchicum autumnale, Paulli tells us, was only found in pleasure gardens, and it was not deemed of enough medicinal or therapeutic value to be kept in stock with useful drugs in the apothecary shops; and this author lays great stress upon the fact that Colchicum autumnale should not be confounded with Hermodactylus (which Baubinus called Colchicum radice ficata alba); the latter variety was considered a violent cathartic.

**CHELIDONIUM.**—Chelidonium major and minor were described by Dioscorides, Galen, Paulli and others. The former variety was said to be useful in cases of obstinate scurf and itch, jaundice and ringworms.

Chelidonium minor, made into cataplasma, was found to be a very good topical remedy in hemorrhoids; and in scorbutus an infusion of this drug was employed, or it was used in the form of an electuary.

**DIGITALIS.**—Concerning Digitalis purpurea, Paulli says; "In Denmark, as well as in many other European countries, this herb is raised in gardens for no other reason than because of its beautiful blossoms; otherwise it is only despised." But Lobelius writes that the peasants in England used a decoction of this herb for chills, in order to "retch and purge themselves." In India, surgeons and barbers used it very extensively. Here Digitalis was called Aralda. It was lauded so highly as a healing agent in cuts and wounds of all kinds that the Italians had a proverb concerning it, running like this: "Aralda tutte piage falda" (Digitalis heals all wounds).

**DULCAMARA.**—Prepared as a decoction in white wine, Dulcamara was recommended to be used in jaundice. It was also regarded as being useful in mammitis or caked breasts, when applied as a poultice.

Italian ladies employed the juice of the berries of Dulcamara to remove sunburn and freckles.

**EUPHRASIA.**—Euphrasia, from the meaning of the word (cheerfulness, and owing to its usefulness in overcoming dimness or obscurity of vision, is called both in the Danish and German languages "eye comfort," and in English its synonym is "eyebright." Still, it was held that even in diseases of the eye, Euphrasia officinalis could do a great deal of harm if used excessively, especially as a tincture. Thus, Lobelius cites a case in support of this view, where "one in Switzerland came very near losing both eyes, simply from having bathed them locally for a period of three months with a tincture of this herb. Lobelius, therefore, advised that it be used in the form of a powder.

**GENTIANA LUTEA.**—This plant was greatly valued as possessing all the properties of a general stomachic. Hieronymus Bock enthusiastically describes its virtues as such a medicine in the following words: "People in general know of no better medicine for the stomach than Gentian, for if they are seized by any kind of ailment or attack of the stomach or bowels, they can be cured by the use of Gentian, Calmus and Ginger. And this common remedy is often of better service to them than if they had swallowed the entire drug store, with its sophisticated and Arabic pills. But should anything hinder God, who is the Creator of all things, and himself the Great Physician, from bringing forth in any country an abundance of all that is necessary in such country? Is not the properties of Gentian known both to man and beast?"

Gentian was recommended as a prophylactic in epidemics. It was considered a good remedy for the corpulent, but contra-indicated in emaciated and ill nourished individuals. It was held to be specially beneficial in hyprophobia and in diseases of the liver and spleen, as also in intermittent fevers of the quotidian and quartan type; in boils and fistulae it was used locally. The root of Gentian was the only part of the plant used in medicine.

[To be Continued]

## **FRACTURE AND SUPPOSED DISLOCATION OF THE FEMUR.**

**By W. B. Church, M. D., Cincinnati, O.**

Mr. S., of St. Louis, Mich., had been suffering from pain in right hip and leg, which had been diagnosed and treated by different physicians as sciatica. He had been under treatment several months, when, over a year ago, he had a fall. Since then his condition had been greatly aggravated. He was compelled to resort to crutches. Suffered with pain, soreness, stiffness, and disability in hip and thigh. Besides treatment of several physicians, he was attended for a time by an Osteopath, who made a diagnosis of dislocation of the femur. Under anæsthesia he attempted reduction without success. Patient's subsequent condition

was aggravated in all respects. Later he was admitted to Dr. McLachlan's sanitarium in Elwell, Mich., and given X-ray, vibratory, massage and hot-air treatment. By this course his pain was much relieved, and his general condition much improved; but he still required one crutch and a cane to get about.

The doctor then brought him to this city in the hope something might be done to restore the limb to usefulness. A skiagraph was made by Dr. Otto Juettner. He was then brought to my office and examined.

The foot was everted, knee and thigh slightly flexed. There was fullness and tenderness on pressure in the groin. Mobility was restricted within narrow limits, and any attempt at passive motion caused pain. Measurement from the superior spinous process of the ilium to the internal malleolus showed an inch of shortening. Nelaton's line showed upward and backward displacement of the great trochanter, and there was considerable lengthening of the base line of Bryant, with flattening of the gluteal region. A little external, but on a level with the right tuberosity of the ischium, a globular bony tumor was easily palpable, that closely simulated in size and shape the head of the femur. It was

sensitive to pressure, and seemed to move with the limited movement of the shaft. This was the most difficult symptom to interpret, as it seemed so unquestionably the head of the femur. Yet, admitting it to be such, it at once raised questions, in connection with other symptoms, that could not be satisfactorily answered.

If it was really what it seemed to be, it would be positive evidence of dislocation. Its indication, by its position, was, too, a backward dislocation, which should have caused inversion of the foot instead of existing eversion, and adduction instead of abduction. Its convex surface pointed downward, so it must be completely severed from all connection with the shaft; yet it moved with the latter.

A diagnosis of fracture of the anatomical neck was made, and operation advised; decision reserved as to dislocation. The advice was accepted, and preference expressed that the operation be done in Dr. McLachlan's sanitarium, which offered good facilities for such an operation, as well as for the subsequent care and treatment. A prognosis was ventured of relief of pain, and arrest of morbid processes, with a more or less useful limb.

On the following Tuesday, January 2d last, with the assistance of Dr. McLachlan and two physicians of the vicinity, who requested the privilege of being present, the patient was made ready for the ordeal, and operated as follows: With patient in supine position, an incision was begun about an inch below the anterior superior spinous process of the ilium, and extended downward and slightly inward for five inches. After dividing the underlying fascia, the tensor vaginae and glutei muscles on the outer side were separated with the fingers and handle of the scalpel from the sartorius and rectus on the inner. An incision of the capsular ligament along its attachment to the anterior inner trochanteric line now permitted entrance of index finger, and exploration of the joint structures. The jagged, splintered and roughened neck of femur was palpable. To obtain more room, the tendons of the great psoas and iliacus muscles were separated from the great trochanter subperiosteally, and from the small those of the ilio-femoral and obturator muscles. Retractors were then used to hold the soft tissues to either side, and with *rongeur* forceps and elevator the head was freed and removed. It was in an advanced stage of carious degeneration; quite denuded of cartilage and periosteum.

After cleansing the cavity of debris, the limb was rotated forward, bringing the head of the remaining femur in the acetabulum, a fold of iodoform gauze was inserted for drainage, and the wound closed with two rows of chromicized catgut, uniting the layers of fascia, and silk-worm gut for the integument. A mass of aseptic gauze was then packed loosely over the hip, and covered in snugly with a spica bandage.

The patient was then placed on a cot, with provision for maintaining extension. Reaction was prompt, his temperature remaining below 100° until the morning of the third day, when it reached 100-5°, but dropped to nearly normal after re-dressing the wound. All subsequent reports were of the most gratifying character, the wound healing without supuration. As only a ligamentous union could be expected, the patient will not be allowed to bear full weight on the limb for several weeks.

Reviewing the case with the benefit of experience and observation afforded by the operation, together with the valuable evidence rendered by the skiagraph, for which we are so much indebted to Professor Juettner, the difficulty in the diagnosis above mentioned has been cleared up. The bony prominence alongside the ischial tuberosity was the small trochanter, which the picture shows to be of unusual size. It was displaced by the same force which fractured the neck, and displaced the great trochanter.

We are also able to say that the lesion produced by the fall was an impacted fracture of the anatomical neck of the femur; and we can not avoid a strong suspicion that the manipulations of the Osteopath were most ill advised and unfortunate, directly calculated to interrupt natural attempts to repair, and provoke absorption of any bony exudate that may have existed. Both the patient and Dr. McLachlan agreed that the pain and disability were increased by this attempt to reduce a supposed dislocation. The regular physician, who acted as anaesthetist for the Osteopath, said that the attempt, although unsuccessful, was persistent and well directed. It is notorious that this class of practitioners discover dislocations which are quite unsuspected by any other. Fortunately their treatment is not always so disastrous. They are especially mischievous in such cases as the one under consideration, however much they may offset by the good they do to other cases.

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\* Since completing the above report a letter from Dr. McLachlan has been received, from which I quote: "The mobility of the limb is much improved, and we, that is, Mr. S. and I, are confident that the limb will be a good and useful member, with no more shortening than before the operation. The patient now has more courage than at any time since he came into my care. In fact, he can handle himself better than at any time since he was injured. He is gaining in flesh and strength as fast as any one could."

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In wounds made by coal on the exposed parts of the body, remove all particles of coal dust; otherwise a disfiguring pigmentation might follow.



**.TUMORS ASSIMILATING HUMAN FORM.**

By L. E. Russell, M. D., Cincinnati, O.

This photo-engraving fairly well represents a tumor involving the womb and adnexa which I assisted Dr. J. S. Flora, of Kokomo, Ind., to remove from Mrs. Henry Rieber, January 2, 1905.

The patient had been complaining for about eighteen months, and for the last nine months a gradually increasing growth, central in the abdomen, bulging above the umbilicus, appeared, and by palpation gave every evidence of a pregnant uterus. So perfect was the deception of the homo-form growth that in the consultation of a dozen physicians the opinion was equally divided in regard to tumor or pregnancy. After the incision had been made in the abdomen, and the hand carried over the superior part of the tumor, it gave every evidence of the head of a child through the thin walls of the uterus, and as the hand passed around the head downward on the tumor, two fairly well developed shoulders were manifest. It seemed even until the completion of the operation much in doubt as to whether we were doing a Porro's operation (removing a uterus with its product), or a uterus filled with fibroids.

After the removal of the tumor mass it was set upright on a stand in the center of the room, and a thin piece of muslin thrown over and completely enveloping it, when it was found quite impossible to determine, except by splitting open the morbid growth, whether we had a pregnant uterus or one with fibroids.

As a rule, fibro-myoma and uterine fibro-sarcoma give warning of their existence by periodical hemorrhages, but in this case we had very little reliable proof to warrant surgical interference. Nearly all of the

characteristic differential points in diagnosis, between tumor and pregnancy, were masked. The patient, the mother of three children, was medium in stature, weighing about one hundred and forty pounds, with moderately thickened adipose abdominal walls.

It was quite amusing during the operation to see the two opposing sides in the diagnosis of the lesion. Part of the time those whose diagnosis had favored pregnancy seemed to be in the ascendancy; then later those favoring the tumor theory seemed to have the "call," and neither side "fully proven" until the completion of the operation and after the opening of the uterine walls.

Tumors of the uterus have been classified according to the structure involved, viz.:

First — Submucous.

Second — Subperitoneal.

Third — Interstitial.

The submucous variety generally pushes downward into the cavity of the uterus, bulging through the external os-uteri.

The subperitoneal, on the other hand, elevates the peritoneal covering of the uterus, where least resistance, and protrudes into the pelvic and abdominal cavity, endangering life by pressure on abdominal viscera.

The interstitial tumor incorporates the muscular structure of the uterus and receives the name of myoma, or fibro-myoma; or if we find that there is a malignant condition, fibro-sarcoma would be an appropriate name to be given to the lesion.

The majority of all of the above named lesions of the uterus generally involve the upper half of the body of the uterus and the posterior wall, the more common part involved. Occasionally, however, the tumor involves the uterine cervix, in which event, in the child-bearing woman, great danger is ever present on account of the rapid growth of the tumor, obstructing the exit of the child at the time of labor, requiring surgical interference either in the form of Porro's operation, or the destruction of the child and its removal by morcellement.

For the sake of convenience, tumors of the uterus are again divided into malignant and non-malignant. The non-malignant is exhibited in early life among the better or well-to-do class of people, and more frequently assaults the sterile class. On the other hand, carcinoma is more often found among the child-bearing class and after the twenty-fifth year of life.

One of the ordinary methods of diagnosing the difference between fibroids and carcinoma is this: In the fibroids there is a building up of tissue, while in carcinoma there is a breaking down, eating, or destruction, with impaction into surrounding tissue. In both lesions we have hemorrhage as a rule, but the non-malignant, or fibroid class, have a

pretty constant history of intermittent hemorrhages, while with carcinoma the hemorrhage is due to destruction of the cervical tissue and the eating off of blood vessels, allowing a constant bleeding, with a watery, acrid, offensive discharge.

We might say all fibroids are, at the inception, interstitial or intramural, and as they increase in size, they make exit through the tissues where there is the least possible resistance, and, as above suggested, become submucous or subperitoneal.

The fibroids, as a rule, cease active manifestations at the time of the menopause, remaining indolent the remaining days of the patient; although occasionally they are destructive on account of their breaking down, and become very dangerous and hazardous if not speedily removed. Occasionally, however, at the menopause, when the drainage by nature has ceased, these tumors assume an activity which speedily enlarges the morbid growth, making surgical interference necessary on account of pressure upon vital organs or obstruction of the intestines by pressure and incorporation.

From what has been said in regard to fibroids we might summarize as follows:

- (a) Menorrhagia.
- (b) Dysmenorrhea.
- (c) Heaviness.
- (d) Anæmia.

The patient's condition is manifest by a tawny, bloodless appearance of the face and extremities, with uneasy sensation in the pelvis, due to the weight and pressure of the tumor, affecting the bladder and rectum; while with carcinoma we have a sensation of cutting pain, with soreness and a constant offensive discharge.

As to the line of treatment offered in any of the above lesions, it seems fairly well established in the twentieth century that surgical interference offers the only avenue of relief to these unfortunate patients. Medications, electricity in all forms, including the X-ray, have failed to record lasting success.

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### TREAT YOUR PATIENT—NOT PNEUMONIA.

By THOS. B. WILLIAMSON, M. D., St. Louis, Mo.

I realize the fact, from reading a number of articles on pneumonia, that the majority of the medical profession treats pneumonia and not "John Brown," and they seem to think it is caused by the "diplococcus," and they must treat it with antiseptics, and then they all wonder why the mortality is so great in this disease.

The only question in my mind is, Why is the mortality not more than

twenty-five to forty per cent.? And did you ever stop for a minute to consider what these wise men use in treating this dread condition, as they all consider it? They begin with their strychnine from the very start, and in a few days add brandy and use morphine for the pains.

Now, gentlemen, do you consider this scientific treatment? If you will notice, it is the *regular* physician who has so great a mortality, and not the Eclectic or Homoeopathic, for they only have from three to five per cent. of deaths in all their cases of pneumonia.

The only scientific treatment for any disease is to treat the condition as it advances itself, and in the first stage of pneumonia in a strong man, you will find a *sthenic* type of fever and a full, bounding, or a hard, wiry, non-compressible pulse. This calls for veratrum, and veratrum will relieve that condition. On the other hand, if you have a child or woman to deal with, you are most likely to find an *asthenic* type of fever, with a small, weak and rapid pulse. Use aconite, and if the child shows signs of passive congestion, dilated pupils, sleeps with eyes half open, rolling head from side to side, use belladonna, and for the pleuritic pain use asclepias, and for pains running through the lung tissues use bryonia. If you have difficult breathing, use lobelia, and as an expectorant use ammonium chloride.

I have one case on hand now which I would like to describe. A boy four years old, poorly nourished, suffering from broncho-pneumonia. I saw him the third day of his illness at 9:30 P. M.; temperature 103.4-5, pulse 120, skin dry and hot, cheek flushed, tongue dry and coated brown at base, shallow breathing with pleuritic pains, dullness on percussion over interior of lung tissue, and increase of the fremitus rale on auscultation.

I first applied a flannel cloth over entire lungs, with pulverized lobelia and capsicum and lard on it, and then applied the cotton jacket.

Internally I used the following: *R*.—Sp. Aconite, gtt. iij; Sp. Belladonna, gtt. v; Sp. Asclepias, gtt. x; Aqua,  $\frac{3}{4}$  iv. One teaspoonful every hour. Nourishment, two ounces of sweet milk every three hours. This is the fifth day and patient doing nicely. Temperature 99½, pulse 90, respiration good, rests well.

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After major amputations, an elastic constrictor should always be left at the head of the bed, so that the nurse can immediately apply it in case of secondary hemorrhage.

Never incise a swelling in the course of a large artery without making sure first that it is not an aneurism.

A very simple method of curing a corn is to excise it.

## **Eye, Ear, Nose and Throat.**

CONDUCTED BY KENT O. FOLTZ, M. D.

### **SIMPLE ACUTE RHINITIS.†**

*Synonyms.*—Acute Coryza; acute idiopathic rhinitis; acute nasal blennorrhea; acute nasal catarrh; acute rhinorrhea; catarrhal rhinitis; cold, or cold in the head; common sporadic catarrh; rhinitis catarrhalis; simple catarrh; snuffles.

In temperate climates this is the commonest of all diseases.

*Etiology.*—Predisposing causes: The most prominent of predisposing causes is impaired vitality of the entire system. This condition is found principally among those who are most of the time indoors, the rooms being overheated, or subjected to variable temperatures. Prolonged mental strain by enfeebling the nervous system will also prove an important factor. Abnormal development of the nasal cavities, as deflections of the septum or narrow cavities. Heredity may be a factor in predisposing to this disease.

Among chronic lesions which may have an influence may be mentioned syphilis, rheumatism, tuberculosis, asthma, or hay fever. In women of a nervous constitution it sometimes is present at the menstrual period. Improper clothing may be a cause. That temperature and climatic conditions have an influence is certain, as this disease is much more frequent in those localities where extremes in temperature and moisture are common. Sexual excess is also a predisposing factor. In some instances the only explanation is an idiosyncrasy. In old age the disease is comparatively infrequent.

*Exciting Causes.*—Chilling of the body, either from exposure to draughts, damp or wet feet, or sitting in damp clothing. Going from either overheated rooms into cold rooms or from cold into overheated rooms, or excessive exercise may be factors. In many of the infectious diseases, as measles, scarlet fever, influenza, etc., it is nearly always present. It sometimes accompanies gastric, or intestinal irritation, or may follow a sudden cessation of the discharge in suppurating middle ear disease, or gonorrhea. It may also be a result of laryngeal, pharyngeal, conjunctival, or accessory sinus inflammation, or be associated with eczema or impetigo.

At times it appears to be epidemic, through climatic conditions. Insufficient sleep is also a factor.

Occupation has a marked influence in many cases. Persons working in places where they are inhaling irritating dust or vapors, which

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† Extract from the author's forthcoming book on the "Nose, Throat and Ear." Ready April 20.

includes persons handling irritating drugs and chemicals, stone-cutters, cement workers, bronze workers, millers, weavers, and threshers. These forms of inflammation might be classed as traumatic or occupation rhinitis.

Tumors in the nasal cavities or the introduction of foreign bodies will also produce an acute rhinitis. The ingestion of some drugs will have an irritant effect on the mucous membrane, as the iodides, arsenic, etc.

*Pathology.*—The pathology is practically that of a simple catarrhal inflammation. If the attack is the result of a cold, the temperature of the exposed surface is suddenly brought below normal. The irritation of the peripheral nerves of the portion of the body chilled causes, by transmission, a corresponding influence on the sympathetic, reaching the vasomotors of the nasal mucous membrane. The first result is contraction of the vessels, rapidly followed by dilatation. It is usually supposed that rhinal inflammation invariably begins on the superior surface of the middle turbinates, extending in all directions from these foci. The membrane is tumid, dark red in color and the vessels injected. In the initial stage there is little or no secretion, the surface being dry or covered with a thin coating of tenacious mucus. When dilatation of the vessels occurs through vasomotor paresis, there is an exudate of serum into the sub-mucous tissue, migration of white cells and more or less escape of red corpuscles. At the same time there is an exudation of an irritating, saline-laden, clear, limpid serum on the surface. The epithelial cells being more or less deprived of their nutrition, become cloudy, swollen, die, and are carried off with the secretions. This material and the leukocytes mixing with the mucus and serum soon forms a profuse, cloudy, thick, more or less puriform secretion, depending upon the proportion of the cellular elements. If the inflammation is very severe, there may be small ecchymoses, or even minute abrasions or erosions. When there are no complications, the vessels gradually resume their tonicity, absorption of extravasated elements occurs, the exudation upon the surface diminishes, thickens, and eventually ceases, new epithelial cells are developed from the genetic layer, and the tissues resume their normal functions.

If the disease is the result of direct irritation by mechanical or chemical irritants, the glandular elements are probably affected first, and, becoming engorged, act as foci for the pathological process.

*Symptoms.*—The attack is usually sudden, and often is preceded by a feeling of general lassitude and discomfort. There may be an initial chill, especially when the attack is severe. A tingling or tickling sensation in the nose appears early in the attack, and generally causes more or less sneezing. Often there is a dry, burning, or full feeling in the nose or head; a cold sensation in the region of the frontal cells; dull,

throbbing frontal or occipital headache ; coldness or stiffness of the back of the neck ; malaise ; burning of the eyes, and fever. In a short time the sensation of stuffiness in the nose becomes aggravated, and the nasal respiration is obstructed. Impairment of the senses of smell and taste, and often, through implication of the Eustachian tubes, of hearing, is noticed. A "nasal twang" is imparted to the voice through the nasal obstruction. There may be considerable disturbance of the general system, but this is the exception.

Normal left nasal cavity. (a) Superior turbinate ; (b) middle turbinate ; (c) inferior turbinate ; (d) Eustachean opening ; (e) velum ; (f) uvula ; (g) post-nasal space ; (i) vestibule ; (j) sphenoid sinus ; (k) frontal sinus ; (o) Rosenmuller's fossa.

Inspection of the anterior nares in the first stage reveals a swollen, dry, or glazed mucous membrane, varying in color from a slight to a dark red, depending upon the severity of the attack. The nasal cavity may be occluded by the turgescence of the tissues. As the disease progresses the skin becomes dry and hot ; thirst, anorexia and a furred tongue may follow. The nasal secretions may remain clear, or become puriform, and are often very irritating or excoriating. The alæ of the nose and upper lip are swollen, reddened, or excoriated. The eyelids become swollen and there is increased lacrimation, and occasionally photophobia. As the severity of the symptoms subsides, there is a tendency for the secretion to fill the respiratory portion of the nasal cavities, leaving the upper spaces clear. The secretion becomes thicker and more opaque during the progress of the second stage. Constipation and high colored urine usually follow in severe cases.

Inspection during the second stage reveals the tissues swollen, deep red and bathed with the mucus or muco-purulent secretion. The second stage gradually merges into the third or last stage, the symptoms disappear, and there is restoration of the tissues to approximately their

normal state, if recovery is the termination. The attack, if allowed to pursue its course, lasts for a week or ten days.

The acute rhinitis due to irritants, etc., usually runs a shorter course, and is devoid of the constitutional disturbances, removal of the exciting cause usually resulting in a speedy cure.

*Course.*—The length of time required to effect a cure will depend upon the severity of the attack and the time that has elapsed between the initial stage and the time the case is seen. When seen early the disease can usually be aborted, but if in the second stage, more time will be required to effect a cure.

#### Appearance of nasal cavity in an acute rhinitis.

*Diagnosis.*—Generally not difficult, but care should be exercised, as an acute rhinitis is often a symptom of more severe systemic disorders.

*Prognosis.*—Generally favorable in uncomplicated cases. In the aged, or in debilitated subjects, the liability of complications must be remembered. A chronic condition may result, especially in those who are subject to repeated attacks.

*Complications.*—These, as a rule, are not serious, but implication of the accessory cavities, nasal ducts, or Eustachian tubes, or extension of the morbid process to the pharynx and larynx, may cause some chronic lesion.

*Treatment.*—For controlling the morbid condition, the employment of constitutional remedies will give far better results than local measures. The use of cocaine, or the suprarenal derivatives, while in many instances affording temporary relief, will in the reaction produce not only more engorgement of the tissues, but also in many cases permanent relaxation. The danger of inducing the cocaine habit must also be remembered, and if used, the patient should be kept in ignorance of the drug employed. In my experience better results are obtained by



systemic medication. For relief of the sneezing, stearate of zinc with euphorin has sometimes been a useful local application. The employment of various medicaments in oily solutions has been disappointing, excepting for temporarily lubricating the tissues.

If the patient is seen in the early stages, especially when the weather is warm and depressing, aconite and gelsemium. An acrid, watery secretion with erysipelatous redness of the alæ and tip of the nose, and chilly sensations, belladonna. With a thin watery secretion, non-excoriating, dist. hamamelis. If the discharge is thin, watery, and exco-riating, liquor potassii arsenitis. The discharge moderately profuse and thick, hydrastis. If the secretion is tough, tenacious and stringy, potassium bichromate. When the nasal passages are alternately open and closed, especially if the pharyngeal structures appear relaxed, nux vomica. In those cases where there is pain passing from the throat to the ear on swallowing, bryonia. When the pharyngei muscles have a bruised feeling, cimicifuga. With a tendency to soreness of the tonsils, or glandular enlargement, phytolacca. With a thick, yellowish-green secretion, pulsatilla is recommended, but have been disappointed in its use, unless there was the typical apprehensive condition present. With a sensation of stuffiness at the root of the nose, with a more or less constant desire to blow the nose, and little or no secretion present, sticta.

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#### **SURGICAL SUGGESTIONS.**

In cases of suspected rupture of the bladder, catheterization is not always a sure test. The rent may be so large that the catheter draws away urine that has already flowed into the peritoneal cavity.

Never attempt to pack a bladder for hemorrhage without the aid of guy sutures; with them one can make absolutely sure that the gauze goes *into* the bladder, and not on top of it, pushing the organ away from the space of Retzius.

To prevent a suprapubic or other drainage tube from becoming displaced is easily accomplished by fitting another tube over it like a collar; this outer tube is split through half its length, and the two portions are spread out over the skin and fastened down with adhesive plaster.

After the open operation for varicocele the scrotum may be shortened by simply sewing the wound together transversely instead of longitudinally.

Very extensive and rapidly spreading subcutaneous infections may result after an aspiration of a foul-smelling empyema. It is therefore wise to always operate over the site of aspiration, and especially to see that the puncture wound is well drained.

**Monthly Retrospect**

—OF—

**ECLECTIC MATERIA MEDICA AND THERAPEUTICS.**

BY HARVEY WICKES FELTER, M. D.

CYPRIPEDIUM.—Our medical forefathers were good therapeutists. Upon two phases of medical practice they set their whole hearts — finding out what was the matter with the patient, then finding the means of curing him. Too often we of to-day stop at one or the other. They knew the action of medicines. They were familiar with nervines and had many of them to their credit that were safer by far than many of our nerve sedatives of to-day. Among the simplest and best of these was *Cypripedium pubescens*, or the yellow ladies' slipper. It was a splendid remedy for weak women and nervous children. A good suggestion comes from Dr. J. Paul Harvill (*Modern Eclecticism*, February, 1906). He employs it in the nervousness attendant upon disorders of the male as well as the female genital tract. He declares it one of the best remedies for spermatorrhoea, with melancholia and sleeplessness, and promptly relieves hyperæsthesia, caused by uterine or ovarian disorders, by the administration of thirty-drop doses every two or three hours. He also intimates its value in the extreme nervous condition associated with or following gleet.

THE SULPHOCARBOLATES (*Phenolsulphonates*).—The subject of intestinal antiseptics created quite a considerable interest a few years ago, and there are now some practitioners who base the whole of their treatment upon accomplishing antisepsis of the alimentary tract. Conspicuous among these agents were such drugs as salol, and the sulphocarbulates (phenolsulphonates), the most popular of which were, and are to-day, zinc sulphocarbolate and sodium sulphocarbolate. As a rule, these have been given on general principles only, and used because they become decomposed in the intestinal tract, liberating phenol or carbolic acid. The editor of the *Denver Medical Times* thus outlines the indications for and uses of these two sulphocarbulates: "The average dose of zinc sulphocarbolate (phenolsulphonate) is two and one-half grains. The daily dosage should be regulated according to the odor of the stools and gastric tolerance. As with most other salts, these should be given with an abundance of water or other fluid. \* \* \* The chief indication for sodium sulphocarbolate is the presence of gastro-intestinal autointoxication, manifested by offensive stools, perhaps flatulence, dull headache, waking tired, indicanuria, and often simple continued fever resembling typhoid. It is best to precede its administration by a full dose of calomel, and the diet enforced should be as largely as possible

non-nitrogenous. When obstinate diarrhoea obtains, as with tubercular ulcers, the zinc salt may prove more effective. A one-half to one per cent. solution of this salt is used with benefit in the urethra, vagina, throat, mouth and nose, but its disagreeable taste is a considerable objection to its employment as a spray on these upper mucous membranes." In Eclectic therapeutics sodium sulphocarbolate has found less use than the corresponding zinc compound. It is a good remedy for thrush, but is disagreeable to administer to a child. The zinc salt, however, is quite a favorite with some of our practitioners. Halbert, of Nashville, (*Eclectic Medical Journal*, 1895, p. 72,) a good clinician, believed it capable of aborting typhoid and similar fevers if administered sufficiently early. From a large experience with it in fully developed enteric fevers, he reported success with it where the septic condition was pronounced, with high temperature, full abdomen, with marked tympanites, and eight to ten foul smelling diarrhoeal evacuations daily; and in some instances hemorrhage. Administering two and one-half grains every two hours, he was enabled to quickly reduce temperature, gradually check the discharges, and reduce the tympanitic distension. He believed it also a good agent to prevent hemorrhage by destroying the septic state of the canal. Dr. Halbert advised it in cholera morbus, cholera infantum, septic diarrhoea, in simple, malignant and chronic dysentery, and in tuberculosis with dysenteric complications. In cholera morbus and cholera infantum he gave it in solution; for the effects on the bowel alone, in pill form. It should be borne in mind that, if its action on the intestinal tract alone is desired, it should be administered in keratin-coated pills, this coating being insoluble in the stomach juices. A suggestion of Dr. Halbert's worthy of mention and remembrance against a time of need is its possible utility in Asiatic cholera and yellow fever. The following are the indications as formulated by Eclectic observers from their experience with zinc sulphocarbolate: "Tongue pallid, moist, pasty and dirty (Thomas); intestinal sepsis, with copious foul-smelling alvine discharges; tympanites; septic fever and hemorrhage in typhoid fever, and other septic bowel disorders" (*American Dispensatory*).

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CRATÆGUS.—The use of cratægus is yet in its infancy, and the remedy deserves a careful trial in selected cases. Its effect in a case under our treatment was exceptionally well marked, but the effect was gradual, and the patient took the medicine for a period of eight months. Violent action in an enlarged heart with a decidedly musical murmur was the occasion for its exhibition. Of this new cardiac Dr. Ellingwood writes (*Chicago Medical Times*, February, 1906): "Cratægus oxyacantha was brought before the profession a few years ago as a

remedy for atheromatous conditions and valvular troubles resulting therefrom. While a few startling results have been announced in pronounced cases, even where there was failure of compensation, there are other similar cases in which the remedy has been prescribed by a number of physicians with no marked results. I have obtained the best results from this remedy in that class of cases where, from violent exercise, from prolonged exhausting overwork or nervous shock, sudden or acute neurasthenia had occurred, and from which evidences of heart weakness, with perhaps some dilatation, accompanied with severe dyspnea on any exertion, was accompanied with regurgitant murmurs. In these cases the influence of the remedy was pronounced, all heart sounds disappearing after using it for a few weeks. Nerve tonics, however, were given conjointly, and rest was enjoined, with concentrated nutrition."

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**COLLINSONIA.**—The well-known effects of collinsonia over venous dilation are familiar to readers of these pages, especially to those who in former years were familiar with Professor Scudder's treatment of hemorrhoids. That its action extends to the whole venous circulation as well as to that of the perianal vessels has not been generally known, or at least has not been widely acted upon. Recognizing its specificity in this connection, Dr. J. D. McCann (*Chicago Medical Times*, February, 1906) reports a case of varix of the vulva during pregnancy which was controlled at will by the internal exhibition of the following:  $\mathcal{R}$ .—Specific Collinsonia  $\mathfrak{z}$  i; water,  $\mathfrak{z}$  iv. Mix. Sig.: One teaspoonful three or four times a day. Whenever the medicine was withdrawn, the varix was aggravated. The remedy was administered for four months.

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**CEANOTHUS VELUTINUS.**—It is quite the common impression that most cases of skin poisoning from plants in this country come from the poison ivy, poison sumach, or other species of *Rhus*. It is now well known to those who handle hot-house plants that the primrose, known as *Primula obconica*, will also produce a dermatitis. It is well to note that poisonous properties have been observed in a Pacific coast species of *Ceanothus*—a relative of the famous *Ceanothus* or Jersey tea, a specific remedy when indicated in splenic engorgement. The plant from which the production of dermatitis has been observed is the *Ceanothus velutinus*, Douglass, distributed from the Columbia River to Central California, Nevada, Colorado and the Dakotas. It is a shrub belonging to the buckthorn family, or *Rhamnaceæ*. The plant most common to California and Southern Oregon is the variety *laevigatus* of the above named shrub. It is known in some localities as "honey-dew," owing to the varnished appearance of its foliage; also as "buck-brush," or

"snow-brush." In some parts of Northern California and Southern Oregon it constitutes practically the only vegetation; acres of mountain side are said to be covered by it. It grows at an altitude of two thousand to five thousand feet; the higher the altitude, the more luxuriant the growth. It forms acres of impenetrable thickets in the Klamath forest reservation. The following case, so well described and reported by Dr. R. F. Rooney in the *California State Journal of Medicine*, is worthy of reproduction for the benefit of our Western readers:

"The following observations were made in the latter part of August and the first of September, 1904, while the writer was enjoying an outing in the mountains of Southern Oregon, on the shore of Klamath Lake. The case here reported resembled one of violent Rhus poisoning, but that plant is never seen there, while "Honeydew" is everywhere present. This shrub is considered innocuous by the inhabitants of the localities in which it grows, and after inquiries in many directions, including the office of investigation of poisonous plants in the Department of Agriculture at Washington, and finding no similar case recorded, I felt warranted in presenting these notes to this society.

The violence of the symptoms, and the extensive areas of the body involved, exceeded those of any case of Rhus poisoning coming under my notice in many years' experience with the latter affection.

History: Male; white; born in England; age, forty-two years; red-brown hair, and fair complexion; married, and father of three healthy children. Occupation, farmer, stage driver, and keeper of a resort for sportsmen, the latter being his present occupation. Has always been a very healthy and robust man. Never had any sexual or skin disease, nor any other ailment excepting scarlet fever, measles and whooping cough, which he had in childhood. During the past three summers, while driving a stage over the Cascade Mountains, has had several attacks similar to the present one, but none so severe. Is certain that driving through a country covered more or less thickly with the plant in question was the cause of all his previous attacks. The present one is attributed by him to driving a cow and calf through the forest, a distance of five miles, six days previously, and becoming very much heated in pursuit of the perverse animals, who led him through many thickets of the plant he had learned to dread.

*Status Præsens:* Pulse, 90; temperature, 102.5°; respiration, 20; tongue thickly coated with a white fur; nausea and complete anorexia; severe headache; constipation; great restlessness; feeling of great prostration, probably due to loss of sleep caused by the intolerable burning and itching of the affected areas. The face and neck, the front of the body down to a line midway between the umbilicus and pubes, the hands and forearms, and the legs from the ankles to the knees, were of a deep vivid red, and those parts were much thickened and swollen into rugosities. Close inspection showed a fine vesication, resembling that seen in Rhus poisoning, but no exudation, saving where his finger nails had been at work. The features were much distorted by the swelling, and

the eyes almost completely closed. There was considerable delirium at night, and more or less during the day.

Being forty-five miles from a drug store, and having no suitable remedies at hand, I gave him a hypodermic injection of morphine, and a saline cathartic which I had with me, and ordered the constant application of cloths moistened in a solution of bicarbonate of soda, such as could be procured from the culinary department of the establishment. This relieved the acute suffering, and procured sleep, and for the following ten days the patient slowly improved, and the skin began to peel off in scales and flakes, accompanied with constant itching and discomfort. At this period, the drainage from the kitchen having become deranged, he went out and assumed direction of repairs, and went into the forest to procure some suitable timbers, where he again came in contact with the cause of his malady, and when I left the locality, three days later, he was in bed with a fresh attack, confined to the exposed parts of the body.

There could be no question but the acute dermatitis was caused by this hitherto considered innocuous shrub. It was probably the pollen of the plant that produced the dermatitis in this man, as it was the exposed surfaces that were affected. In the first instance, while chasing through the brush after the calf, and becoming greatly heated by his exertions, he opened his garments at the neck, and gave access to the body, and the pollen lodging upon the moist skin had a large and suitable field for action. I found many specimens of the shrub still in bloom when I left the locality on September 4th, although the plant had seeded in the majority of cases."

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CHLOROFORMIC SOLUTION OF IODINE—As is well known to every practitioner who employs locally the ordinary alcoholic tincture of iodine, a greater or less degree of itching and other manifestations of irritation results. Chassevant (*Bulletin Medical*, quoted in *New York Medical Journal*) advises a chloroform solution of iodine (ten per cent.) to replace the ordinary tincture. This he also believes has greater powers of penetration, and can be substituted with equally good results when iodine is to be locally applied. As with the ordinary tincture, discoloration of the epidermis is produced, but of a violet rather than black or brown hue.

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ECHINACEA.—Dr. W. T. Sloan (*The Nebraska Physician*, December, 1905) reports the apparently beneficial use of Echinacea in an habitual aborter with a tuberculous history. Early in each pregnancy an abscess would form in the glands of the neck, and abortion would invariably result. The ordinary remedies, such as viburnum, failed to prevent this accident. Where Echinacea was added to the treatment, both the abscess and the abortion seemed to be checked by the medicine. He concludes, therefore, that Echinacea is valuable in such cases where the blood is manifestly tainted or impoverished.

# ECLECTIC MEDICAL JOURNAL.

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## WHAT OTHERS SAY OF THOMAS' PRACTICE.

Thomas' Practice is a monumental work. Its size and *practical* value make it this. No other work will be so nearly indispensable to the busy practitioner as a refresher, and wholly indispensable to the medical student. The old and experienced doctor *could* exist without it — the medical student *can not* do so and be just to himself. I confidently predict a phenomenal sale of this modern classic, and especially do I expect it to force its way into the eager hands of medical students. They can not finish their medical education without it.

The Doctor's literary style is plain and simple, but strong and compelling. He has indulged in no dictional scollops, no dizzy subtleties, and no vain theorizing — it is all straight, hard common sense. It throws a volume of light on Specific Medication that makes the work, in a sense, revelational. Dr. Thomas has put the medical world under a mountain of obligation to him.

WILLIAM COLBY COOPER, M.D., Cleves, O.

The mechanical part is fine. The grouping of diseases under their appropriate heads and arrangement of the subject-matter enables the busy physician to find just what he wants without delay.

Professor Thomas gives the history, etiology and pathology of diseases in so complete a manner that we have no need now (as heretofore) to consult the works of other schools on these points. Specific Medication, the Eclecticism of the present, is made prominent, while old and tried remedies are not discarded. Eclectics should be proud of this work.

S. M. SHERMAN, M.D., Columbus, O.

I feel no hesitation in saying that, in my opinion, it is unquestionably the best one-volume work on Practice that I have ever seen. It requires great skill to describe important subjects and procedures in a few words, as has been necessary in this work in order to cover the vast

field known as the practice of medicine. This Dr. Thomas has accomplished, however, in a book of but little more than one thousand pages—not by omitting any essential points, but by the construction of sentences, which, for brevity and lucidness, are excellent specimens of good English.

Take, for instance, the article on typhoid fever. Here Professor Thomas gives all of the important points in definition, history, etiology, exciting causes, modes of conveyance, pathology, symptoms, complications, diagnosis, prognosis and treatment in a little less than twenty pages.

In a noted "System of Medicine" which I have in my library, ninety-five pages of smaller type are given to the same subjects, and still I think Dr. Thomas' article of the greater value to the general practitioner of medicine. The entire list of diseases is covered by the Doctor in the same brief, interesting and practical manner. A full and well arranged index adds much to the value of the work, as well as to the convenience of the reader. The book is beautifully printed and substantially bound.

JOHN W. FYFE, M.D., Saugatuck, Conn., Editor *Eclectic Review*.

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In style and diction it is admirable, in teaching clear, lucid and to the point. It retains the wheat of past harvests and has ground out the choice flour of modern progressiveness. It is an honor to Eclecticism, and will prove an ornament to our twentieth century archives of medicine.

To-day I introduced it to the students of the Georgia College of Eclectic Medicine and Surgery, and shall be delighted to commend it to our State Association, which will soon convene in Atlanta, Ga.

JOHN H. GOSS, M.D., Atlanta, Ga.,

Prof. Practice Georgia College of Eclectic Medicine and Surgery.

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This book is certainly a very valuable addition to Eclectic literature, not only because of its Eclectic trend, but because it elicits the Eclectic Practice of Medicine to a nicety. To my knowledge, no other work on "Practice" equals this last production of Dr. Thomas—from an Eclectic standpoint.

We, as a school, have a particular distinguishing feature, and that feature is the definite manner in which therapeutic agents are applied to diseased conditions. Dr. Thomas has ably associated this feature with the etiology and pathology of disease in such pleasing and obvious manner as to command the gratitude of all thoroughbred Specific Medicationists.

In my estimation, the particular delightful feature is, that he prac-



tices what he and other Eclectic writers preach, and that is the prescribing of remedies singly and in simple combination, entirely eliminating haphazard methods.

In outlining treatments for the various conditions, not only are the remedies named, but he specifies the particular condition for which the remedy should be used. As a rule, patients are more interested in what will cure than they are about knowing what is the matter with them, and Dr. Thomas describes his treatments definitely and fully.

J. S. NIEDERKORN, M.D., Versailles, O.

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### **“BACK TO NATURE.”**

Under this heading the editor of the *Alkaloidal Clinic* says things about the benighted individuals who lag along behind the chariot in which his lordship rides as he leads the van which ushers in the golden age. While lashing his hobby-horse, he tells us with what hope and optimism he sees, with all his “dereliction and short-comings, his devotional lapses, a real and steady improvement in man.” All this in opposition to whole-drug remedies and in support of the alkaloidal fad.

The advocates of this alkaloidal medication, with their theory that a fraction of a thing is greater than the whole, reminds me of those individuals who keep their eyes bent upon the ground in anticipation of a coveted “snipe.” It may be that he of the snipe would as soon suck vigorously at the stump of a cigar as to pull away mildly at a good, whole Havana; but for me, I prefer the unbroken package.

The gentleman who is running away from Nature as fast as his hobby-horse will take him would no doubt advise that the starch alone of the potato is much to be preferred as a food to the whole potato, and could write pages to substantiate his claims. Or perhaps he would try to make us believe that the little fat contained in the potato is the only valuable constituent. Or, desiring to get yet a little further away from fool Nature, he might take it into his unnatural head to have us discard both fat and starch, claiming that the water alone is superior to the whole potato as a food. The whole thing, you know, doesn't count with the blazer of a new path.

The fact that the whole is greater than a fraction is too old-fashioned, too delusive, too mystical for this new apostle. He seeks a new route by denying that the whole of anything is greater than a part.

It is all right for one to open up new territory, but he should not become too enthusiastic over the quality of the soil, as it is barely possible he may strike hard pan.

The alkaloid theory is not new, neither are the uses to which they are now put. Alkaloids (what few there are of them) are all right in

their place, and all intelligent physicians use them, but their sphere of action is limited. The efficacy of some alkaloids and resins was established by Eclectics long ago, but the early investigators of these products were wise enough to see their limitations, and had the good sense to acknowledge it. The alkaloidal youngster is only a skeleton with a new suit of clothes to hide the bony evidences of age.

It is, then, admitted by all that the alkaloids have their place in medicine; but it is denied that they can take the place of the whole-drug remedies. It is denied that a fraction is equal or greater than the whole. On the face of it, the entire alkaloidal theory of the present day is a fad, lop-sided, out of joint and untenable, and is the disfigured old cigar stump which the older Eclectics threw away years ago. Notwithstanding this fact, the chief sachem of the new movement pronounces all investigators, not in accord with his pet ideas, a set of dark savages belonging to a primeval age. He fails to see that his advocacy of a single lop-sided notion is as illogical as the Christian Scientist who denies all physical manifestations.

Back to Nature is not an evil cry. It does not mean savagism nor Congo culture. It does not mean the desertion of the "hopeful, helpful" teachings of any man. It is good sometimes to reach out and feel for old Nature's hand. She leads kindly, often, and will teach us much if we remain close beside her. I believe I know of instances where human life could have been saved had the doctor been willing to return back to Nature far enough to take notice of the actions of a dog. It is good for us to call to our neighbor to head us before we kill our fool selves, if we are tied fast to a hobby and going at breakneck speed, with "Nature be damned" for our motto.

The writer of the editorial under consideration says: "We use wool as clothing, but we are not compelled to wear sheepskins." Why didn't he carry his argument a little further and say, Why use wool for clothing when one can just as well get a bit further away from Nature by greasing his skin with lanolin? There would be just as much sense in the latter argument as there is in the one which asserts, there is no advantage in whole-plant remedies over their fractional products.

I'll take my cigar whole and about four inches long instead of a tablet of nicotine. I'll prefer my beefsteak in the form of a sirloin, whole, if you please, instead of the few ashes that might remain after incineration. If you invite me to dinner and have run far away from Nature, won't you stop running long enough to serve me with a delicious cup of Mocha and Java while you reserve your tablet of caffeine for some one who is running all out of breath behind you? And if you insist on my accepting sugar for my coffee, please do not offer me a tablet of charcoal in place of a nice lump of sugar as Nature made it.

A pony of the hobby variety is a fine animal to ride, but one ought to let it stop occasionally to get its wind while the rider picks the sand out of his eyes.

This alkaloidal critter is of very uncertain age. It had been turned out to graze and die many years ago, but it seems to have been captured and "doctored" up so as to make it "go" for a spell.

It is impossible for a thinking man to believe that a fraction of anything is greater than the whole.

STEPHENS.

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### THE SPECIAL SEDATIVES.

As with the phrases, "Give an acid," or "Give an alkali," so have we been accustomed to hearing and seeing the phrase, "Give the special sedatives." Just what is conveyed by that expression may not be clear to all doctors, and more especially to the younger physicians, who did not sit at the feet of the older teachers of the early period of specific medication in Eclecticism. The term, we believe, is peculiar to Eclecticism, and is especially suggestive of the earlier practice in specific medication, when special arterial and fever remedies were fewer than at present. The term *special sedatives* carried with it a weight of meaning to those who were beginning the study of the specific application of drugs for their control over the circulation. Physicians of other schools were astonished, and took issue when drugs which they had long (even to this day) regarded as depressants were termed special sedatives. By the term arterial, or "special sedative," as used in Eclectic medicine, is meant cardiac stimulation — gentle stimulation as produced by small doses of a medicine having a direct action upon the nerves controlling the circulation not only of the heart, but of all the vessels, even unto the minutest capillaries. Tone is given to the muscular fibers of the vessels and heart, the caliber of the vascular channels is adjusted, less contractile force on the part of the heart is required, and less effort is necessary to propel the blood. Teachers of regular therapeutics contended that such drugs as aconite and veratrum were powerfully depressant and dangerous remedies, and that the school which claimed gentle and safe medication was advocating dangerous methods in therapeutics. For some reason or other, probably because of the blind antipathy to homœopathy, many doctors of the dominant school never could bring themselves to believe that there could be any therapeutic power in small doses of a drug. Nothing short of physiologic doses seemed to answer their notions of therapeutic purposes. On this point the Eclectic gained the victory, and the much admired Eclectic therapeutics is the result: The small — the minute — dose of aconite stimulated to normal circulation; the excited, rapid and feeble pulse was given force

and diminished velocity, and sedation of the circulation, with approach to normal temperature, resulted. The full, bounding, rope-like pulse of veratrum was found to be controlled in the same way, and so with others. The remedies of that group which could so directly control the circulation, giving a free and equal circulation, with diminished frequency, were named the special sedatives. Every one of the agents so denominated could properly be called "heart depressants" if used as such, for every one of them will produce cardiac syncope. But their minute doses were never found to act in this way, and yet such doses had strong medicinal powers, and produced just sufficient sedation to restore normal circulation. The drugs in this class were Aconite, Veratrum, Gelsemium, Digitalis and Lobelia. So much oftener were the first two employed than the others that it was later almost universally understood, when special sedatives were ordered, that reference was had to them alone, and it was seldom that the others were taken into account.

Having reviewed the origin and the early application of the term "special sedatives," which, as before stated, carried a much greater meaning when specific indications were few and first began to find enthusiastic supporters, let me ask if it is safe to-day to merely direct, Give the "special sedatives"? We oppose our friends who say, Give antiseptics, give stimulants, give acids, give alkalies, etc., on the ground of their lack of specificity. Is it not unsafe now, when directing a class of drugs known to have such widely different indications, to so loosely direct the use of such powerful means for harm or good? Furthermore, it is damaging to specific medication, for the desired results are likely to fail unless the proper drug has happened to be the one selected. Let us, then, be more definite, and direct exactly that which we intend to be used, and thus get beneficial and specific results, and avoid a hit-or-miss policy in therapeutics. To do this we must direct according to the specific indications we desire to have met. Only in this way can the prescriber know which one of the remedies of this group to select. It is well for us to occasionally call up these subjects and re-study them. It is post-graduate work on a small scale. Briefly, we may summarize the chief specific indications for each of the special sedatives as follows, referring to their effects upon the circulation:

**SPECIFIC ACONITE** is the remedy for the small and rapid, feeble pulse, with increase of temperature. Asthenia is marked. The dose should be small. Large doses fail to accomplish the required sedation (cardiac stimulation), and produce heart depression. Given exactly according to its indications, it is one of the most uniformly successful of remedies.

**SPECIFIC VERATRUM** meets the full, bounding, rapid pulse, with powerful contractile action of the heart, increase of temperature, and

sometimes strongly throbbing carotids. Vascular excitement is marked, and it is the remedy in sthenic and most violently inflammatory conditions, accompanied by the characteristic pulse.

**SPECIFIC GELSEMIUM** is the remedy for active, excited circulation, with marked determination of blood to the brain and nerve centers, as shown by the nervous irritation, flushed face, bright eyes, contracted pupils, marked irritability, restlessness, and high temperature. The carotids pulsate more or less visibly, and often convulsions seem imminent, or actually occur.

**SPECIFIC DIGITALIS** meets a weak circulation with or without fever, but with a markedly weak heart. The pulse is feeble, irregular, often fluttering, and sometimes dicrotic. The least exertion causes the heart to beat rapidly, but feebly. It is a remedy for asthenia only, and then proves a veritable heart tonic.

**SPECIFIC LOBELIA** is the remedy for the soft, open, full and doughy pulse, with not over-active velocity. There may be but little or a high temperature. As an arterial sedative it occupies a place between aconite and veratrum, and proves especially valuable in the circulatory disturbances of the exanthemata and of the acute respiratory diseases.

FEITER.

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## TONSILLITIS.

For a local inflammation that is confined to so small an organ, tonsillitis can create more disturbance to the square inch than any other part of the body, and having once begun operations, if not quickly gotten under control, burns itself out in a perfect conflagration.

To one who has had parenchymatous tonsillitis, quinsy, the chill followed by aching of the entire body, brings a vivid, realistic picture of former attacks, and the swollen throat, the difficult deglutition, the painful clearing of the throat from the hypersecretion of viscid, tenacious mucus, the inability to lie down, the painful throbbing of the throat, the sense of suffocation and fear of choking to death just previous to the spontaneous rupture of the entombed pus, cause the patient to become extremely anxious and solicitous for help. Not only should this inflammatory condition be early arrested that much suffering be avoided, but a suppurating tonsil offers a channel for the introduction of various micro-organisms and toxins that may lead to more serious lesions.

What will abort quinsy? I believe that, if seen early, ninety-five per cent. of all cases can be aborted. In aconite and belladonna, if used every twenty minutes for the first two or three hours, then every thirty minutes for the next eight or ten hours, when it may be lengthened to hourly doses, will arrest the inflammation in from two to five days without suppuration. The prescription will read:

R.—Aconite, gtt. v; Belladonna, gtt. x; water, ℥ iv. Teaspoonful every twenty, thirty or sixty minutes.

To be effective, the treatment must be begun at the very beginning of an attack, and a patient who has once had quinsy will recognize the early symptoms, namely, the chill, aching of the entire body, and the full, painful throat. If given at this stage it will rarely fail. What case will suppurate, even when the treatment is begun early? It is in those cases where the crypts of the tonsil, from repeated inflammations, become relaxed and dilated and are filled with cheesy plugs. In such tonsils the inflammatory process, when once set up, burns out as quickly as a prairie fire, and the suppurative process takes place in from ten to twenty-four hours. Fortunately these cases are rare. THOMAS.

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### HYOSCYAMUS.

The parts of the plant used in medicine are the leaves and flowering tops of the *Hyoscyamus Niger*, collected from the second-year growth, as well as the seeds. The plant belongs to the Nat. Ord. Solanaceæ, which order embraces a large number of plants, which are chiefly tropical and narcotic. In our country the chief medicinal plants are the *dulcamara*, *stramonium* and *hyoscyamus*. This plant was introduced from Europe, and has become naturalized in the northern part of the United States. It is commonly known as Henbane.

Two alkaloids have been extracted from the plant, *hyoscyamine* and *hyoscine*, the latter identical chemically with *scopolamine*, which is also said to be extracted from the seeds of *hyoscyamus*. The seeds yield the largest percentage of the active principle.

*Hyoscyamus* is narcotic and hypnotic in action, and differs but little in its action from *stramonium* and *belladonna*. It produces a dryness of the mouth, flushing of the face, dilatation of the pupils, a quickening of the cardiac and respiratory actions; deranged vision, headache, vertigo, illusions and hallucinations; weakness of the lower limbs, spasms, paralysis, loss of speech and a dreamy sleep. Notwithstanding its extensive use, very few untoward results have been reported.

Bartholow says it acts upon the sympathetic nervous system, stimulating the vaso-motor fibers and raising the arterial tension. In large doses it paralyzes the vessels and lowers arterial tonus. It is an accelerator of the respiratory movements. In large doses it arrests them.

*Hyoscyamus*, as was said before, is narcotic and hypnotic in its action, and can be used in many conditions where *belladonna* would seem to be indicated; in other words, wherever we have local spasm, or where arterial relaxation exists, or where pain is due to spasm. (Hare.) Felter says the keynote to its use is where we have nervous



irritation, without congestion, high fever or disturbances of the circulation. We have often, however, used it to allay nervous excitement and induce sleep in fevers. It has been largely used in all forms of disorders. Within the past month we have used it with satisfaction in two cases of mania.

It is frequently used in affections characterized by spasms, as asthma, laryngeal cough; hepatic, intestinal, renal and uterine colic. Also in nervous coughs, as whooping cough. Such is its value that we find it an ingredient of many of the combination nerve, brain and neuralgic tablets, as well as elixirs, placed upon the market.

Bartholow and Ellingwood say it is a good hypnotic for the aged and in children, the former claiming it to be a good substitute for opium in children when thus used. It does not relieve pain as does opium, but it excels when we have the spasmodic conditions without the pain.

It is owing to this anodyne property that it enters into combination with the active cathartics in many combinations. It relieves the griping and tenesmus of these agents, and some aver it increases their action as well.

The alkaloid hyoscyamine we have used with varying results in paralysis agitans, locomotor ataxia and chorea. Hyoscine is said to be very uncertain in its action, and, according to Hare, unreliable. He also claims that much of the hyoscine upon the market is scopolamine. The observations of Bartholow seem opportune at this time, when he says: "Identity of chemical constitution does not always mean identity in physiological action and in therapeutical power. Differences in molecular arrangement, not appreciable by chemical analysis, may influence to a great extent mode of action."

Sp. indications, nervous irritability, with unrest and insomnia; terror, restlessness in sleep, delirium of a noisy character; delusions and hallucinations, agitation and the insomnia of debility and exhaustion.

Dose of Sp. Hyoscyamus, gtt. ii. to x. Hyoscyamine, one-sixtieth to one-fiftieth of a grain. Hyoscine, one-ninetieth to one-eightieth of a grain.

MUNDY.

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## ATAVISM.

I am persuaded that most of us turn the meaning of this word "end for end." It does not mean jumping from behind, forward; it means exactly the reverse of this, *i. e.*, jumping from the fore to the rear. The word holds, in its significance, a fundamental truth of the most momentous import. Evolution is not an unreined fact; it is not an irresistible progressive stress. It is held in check, and indeed is frequently reversed, by the restraining tension of natural inertia. Every epoch in the process of things is wedded to itself, owing to intrinsic conformity,

and parts with any element of itself under protest. We have, therefore, the fact of evolution walking arm in arm with the fact of reversion. Reversion to original type represents a backward pull, which is only less insistent and persistent than is the progressive stress.

The fight between the backward and the forward pull goes on forever. Part of the time one is in the ascendancy, and part of the time the other. The individual who wastes his vital energy in luxurious debauchery sinks into personal degeneracy; the same is true of a nation, as illustrated in Rome, Greece, Egypt, and other civilizations. It is all the result of the atavistic principle. The murderer, the robber, the rapist, the rioter, the anarchist, are all outputs of atavism. The backward pull of original savagery is stronger on them than is the forward pull of culture and refinement. This rearward pull is in evidence in the hunter, who likes to kill things. The man who enjoys the chase and the gun (with apologies to Grover Cleveland and Theodore Roosevelt) is not civilized to the limit. The root of effemination and virginity is in atavism, for hermaphroditism (the primitive sex estate) pulls back ceaselessly.

With this fundamental fact ever to the front of his consciousness, the physician will be larger and more comprehensive in his important ministrations.

COOPER.

### THINKING VS. KNOWING.

What constitutes a man of superior intelligence? Among the majority of people it is the person who knows. Among the minority, but unfortunately these are the intelligent class, it is the person who thinks. The opinion of the latter is valuable, for the reason that the idea of another is not accepted without a good reason, and then only so far as it coincides with the views of the thinker. Whenever an individual deliberately stops to consider a subject before attempting an answer, the conclusion that the answer will be of value can be pretty certainly conceded.

Those who are the least ready to express an opinion upon any and every topic are the ones who think. Those who are always anxious to express an opinion upon each and every topic introduced are the ones who know — little or nothing. No matter how abstruse, or rather, I should say, the more abstruse, the question, the more ready the answer from the person who knows, and also the more emphatic the assertions. Whenever in hearing distance of a person who is elucidating a subject to a group of persons, watch for the quiet individual, who is apparently listening intently, but close observation will show he is thinking, studying, and if he asks a question or expresses himself, he will very likely be like the colored man in the audience when the colored minister



explained the creation and pictured Adam made out of mud and placed against the fence to dry. This one person in the audience was the only one who did not know the minister was right, but the trouble with him was, he was thinking, and so asked the worthy preacher, "Who made dat fence?"

The man who studies — thinks — is the one whose opinion is valuable when you can get it, and what makes it valuable is the very fact that it is only after due deliberation that an expression will be given, and it is usually prefaced with "I think."

To the average person this may not sound convincing — in fact, does not; but fortunately the opinion of the average member of the *genus homo* does not amount to much, because he is the one who knows. Not so very long ago I overheard on the street car a conversation which was amusing, and at the same time very pat to the subject-matter. They were talking about a lady they knew by sight only, judging from the remarks, but one said — he probably was an A. P. A.: "It seems a pity she is a Catholic." "Why, is she?" "Of course; haven't you seen the gold cross she wears on a chain around her neck?" I happened to be acquainted with the lady, and knew she was a member of a Protestant church.

Now these persons represent the class who know. It is not necessary for them to think; besides, there is too much exertion required in thinking. It wears out the brain substance, and produces a peculiar lassitude, which is to be avoided by those who know.

What bearing has this upon the practice of medicine? Well, stop and think, and do not be too positive — know — that it exactly fits your rival, but think.

FOLTZ.

## COMMENCEMENT EXERCISES.

The sixty-first annual Commencement Exercises of the Eclectic Medical Institute will be held at the Scottish Rite Cathedral, Wednesday evening, April 18, 1906, at 8 o'clock. The following program will be rendered :

1. Music—March, "College Life," ..... Clarke.
5. Invocation... ..Rev. Lewis P. Mercer.
3. Music—Overture, "It Happened in Nordland." .. Herbert.
4. Dean's Report.. ....Prof. Rolla L. Thomas, M. D.
5. Music—"Silver Heels," .....Moret.
6. Conferring Degrees, President Board of Trustees,  
Hon. Aaron McNeill.
7. Music—Cornet Solo, selected. .... Mr. Ferd Weiss.
8. Address, Sam'l M. Jefferson, LL.D., Kentucky University.
9. Music—"Apple Blossoms," ..... Feist.
10. Benediction.....Rev. Lewis P. Mercer.
11. Music—Finale, "E. M. I." .....Weber.

WEBER'S ORCHESTRA.

The annual meeting of the Alumnae Association will be held at the College Wednesday afternoon at 2 o'clock.

ERRATA.—On page 124 of the March issue, the 18th line, doses of acetanilid should read, two to ten grains, instead of grams.

# Genitone....

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# THE ECLECTIC NEWS

## A MONTHLY NEWSPAPER

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No. 4.

### BOOK NOTICES.

**The Diseases of Infancy and Childhood**, Designed for the use of Students and Practitioners. By Henry Koplik, M. D. Second edition, thoroughly revised and enlarged. Lea Brothers & Co., publishers, New York. Cloth, \$5.00.

In this edition the author has practically re-written several sections, and has thus embodied the latest advances in this line of medicine. New charts and illustrations are inserted wherever it has seemed they would serve to make the subject matter more clear. The chapter on "Infant Feeding" is particularly good and interesting. Our personal experience as to the effect of menstruation on breast milk does not fully accord with the author's views. We have often noted that the occurrence of menstruation caused intestinal derangement in the babe—whilst not invariably yet sufficiently often to be borne in mind as a possible cause of periodic intestinal derangements. The chapter on the "Specific Infectious Diseases," so far as etiology and symptomatology are concerned, is fine reading and especially interesting. Statistics are abundant, though we feel that the mortality of measles—8 per cent.—is too high; and in the first year of life, from 10 to 40 per cent. In twenty-three years' experience our mortality is less than one per cent. Possibly we have been exceedingly fortunate, yet we have passed through several severe epidemics—in fact in the midst of one at present. Can the difference in medication account for the difference in mortality? We notice the author deprecates the use of the coal-tar products, which is certainly a wise caution.

The statement is made that rachitis is common among the natives of Eastern Ohio. This is certainly an error. It is possible and no doubt true, so far as the foreign population of Eastern Ohio is concerned, composed as it is of Huns, Slavs, and Poles, but not among the descendants of New England and Pennsylvania, who compose the natives of Eastern Ohio.

The references for collateral reading appended to each chapter are full, and drawn very largely from European writers, whose investigations are in a large degree confined to the laboratory. We may be

possibly prejudiced in this matter, but it has always seemed to the reviewer that American writers are more practical. The book is well written, and the description of disease full, and yet not so much so as to be at all impracticable or tiresome. The importance attached to infant feeding may be estimated when we note that section three, embracing this subject, contains eighty-five pages, whilst one hundred and two are devoted to diseases of the digestive system.

The treatment is brief—in fact too brief. Thirteen pages are devoted to the description of measles; the treatment is summed up in two. The treatment of diphtheria is practically summed up in the antitoxin treatment; yet the author admits that this does not lessen the necessity for careful general management of a case. We frequently wish the same care was placed upon the therapeutics of disease as is given to etiology, pathology, and symptomatology.

W. N. M.

**Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition. Part VII.—Diabetes Mellitus.** By Prof. Dr. Carl von Noorden. American translation by Dr. Boardman Reed. New York: E. B. Treat & Co. 211 pages; price, \$1.50.

This forms one of the valuable series of monographs on disorders of metabolism and nutrition, together with degenerations arising therefrom, threatening if not producing death. This volume covers the pathological chemistry and treatment of sugar diabetes, and presents the best study of the subject that has appeared to date. Unlike most intricate studies, these lectures are presented in a very lucid style; it is a pleasure to read them. No review can point out the many good things contained in them, but the book should be read by the physician himself. Dr. Boardman Reed has conferred a benefit upon American physicians in translating this monograph.

H. W. F.

**A Text-Book on Modern Materia Medica and Therapeutics.** By A. A. Stevens, M. D. Fourth edition, revised. Octavo, 670 pages. Philadelphia: W. B. Saunders & Co. Cloth, \$3.50 net.

In many respects Stevens' Modern Therapeutics is one of the best books of its class. It is readable, brief in the treatment of topics, and unmistakably direct. Furthermore, it is strictly up to the times in matters of pharmacology. This edition, as now revised, is adapted to the eighth decennial revision of the U. S. P. with its extensive changes. The section on Radiotherapy has been enlarged by much new matter, and new articles dealing with Scopolamine, Ethyl chlorid, Theocin, Veronal and Radium, have been added. The work on pharmacology has been excellently done, but the parts devoted to the uses of drugs does not seem commensurate in scope and importance with the forego-

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ing. It seems to us that even from a regular view-point much more might have been added concerning the therapy of some of the drugs; for after all, that is the most necessary part of such a book. As the tendency towards remedial drugs in the old school now savors of drug nihilism, it is perhaps fortunate that Dr. Stevens has included as much as he has. This tendency to ignore or abbreviate drug therapy is most marked in those works whose authors do much laboratory rather than clinical work. The section on Applied Therapeutics, comprising 134 pages, gives a fair idea of conservative regular treatment of to-day. The clear, concise diction of the author and absence of useless verbiage, will undoubtedly commend this work to the student and practitioner alike.

H. W. F.

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**Man and His Poisons: A Practical Exposition of the Causes, Symptoms, and Treatment of Self-Poisoning.** By Albert Abrams, M. D. New York: E. B. Treat & Co. Cloth, \$1.50.

This book of 250 pages embraces within it many gems of thought of practical value. Many of them, however, we can not reconcile with the title page. Even the preface contains them, some of which we can not refrain from quoting. "The human body is a receptacle and laboratory of poisons, and many bizarre and protein diseases owe their origin to self-poisoning." "The germ theory of disease has so allured scientists that search in any other fields for causation of disease has been annihilated."

Psychotherapy is frequently referred to and advocated as a remedial measure, to be used by the physician or scientist.

The book is composed of ten chapters, the first of which treats of the origin of life with its forces and energies. Life is defined as being merely a chemic function. Though the author states that the poisons of men are manufactured normally in the intestines and in the cells of the body, he recognizes and treats of fatigue, the emotions, sleep, thought, and the influence of the mind upon the body, these being no doubt the result of self-poisoning. They are taken up severally in the succeeding chapters and exhaustively treated upon.

Food for thought can be found on nearly every page, so interspersed as to make the book interesting reading. These are so interwoven with the subject proper as to make it uncertain where the one begins and ends. Such excerpts as "Drugs are mere incidents in medical skill." "Conservative medicine is too often a practice of trusting to nature and confirming the diagnosis at the autopsy." "A classical education is, in many instances, a digest of knowledge, the possessor of which thanks God that it can be of no practical value to mankind." "Quacks live and fatten on what the legitimate physician wastes."



Many others of like nature which might be quoted would only serve to illustrate what composes a large portion of the book. Notwithstanding these digressions from the subject proper, we have enjoyed its perusal, and have found an unusual amount of solid food for thought in its pages.

W. N. M.

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**Saunders' Question Compend—Therapeutics.** Essentials of Materia Medica, Therapeutics, and Prescription Writing. By Henry Morris, M. D. Seventh edition, revised, by W. A. Bastedo, M. D. 12mo, 300 pages. Philadelphia: W. B. Saunders & Co. Cloth, \$1.00 net.

This little book reflects very fully and accurately the scope of regular materia medica and therapeutics of to-day. It has been revised to date, so as to incorporate the changes of the U. S. P., 1905. As very important changes in the strength of drugs were made in the last revision of the national authority, and as vast numbers of drugs were dropped, and a great array of new ones added, it necessarily follows that Dr. Bastedo's "Essentials" represent much new matter. Noteworthy are the additions on diphtheria, antitoxin, thyroid extract, and organo-therapy. It is an excellent compilation of its kind, and should find an extensive use.

H. W. F.

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**Preventive Medicine.** Including a disquisition on Therapeutic Philosophy. By William Colby Cooper, M. D. Published by the author, Cleves, O. Cloth, price \$1.00.

This is a small work of about 150 pages, written in the peculiar and attractive style of this well known author, and does *not* treat upon prophylaxis and preventive medicine as generally understood. The writer's idea of preventive medicine is to so order life that medicine will be unnecessary. His chief requirements are good heredity, good breeding, good hygiene, etc. However, should medicine be used, Dr. Cooper gives his views of the diagnosis and treatment of some of the prevalent diseases. The "Cooperisms," aphorisms, and epigrams found in the appendix, will prove the most refreshing and diverting part of the book to many of its readers.

L. W.

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**The Study and Treatment of Chronic Diseases.** By Eli G. Jones, M. D., New Brunswick, N. Y.

The study and treatment of chronic diseases is a subject that has been sadly neglected by the profession; only one work (King's) on chronic diseases has been published within the past fifty years; only a very few of our medical colleges have a chair on chronic diseases. The Eclectic schools were the pioneers in America in the treatment of



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chronic diseases, and they will no doubt be interested in such a work. If any of the readers of the Eclectic Medical Journal have a method of treatment that has proved reliable in their hands, the writer would be pleased to hear from them, and they will be given due credit in his book. By the adoption of this plan the work can be made invaluable as one for ready reference to the busy practitioner.

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Battle & Co., of St. Louis, have just issued the ninth of their special series on Intestinal Parasites, which they will send free to any subscriber of the Journal on request.

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## COLLEGE AND SOCIETY NOTICES.

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### **Ohio State Eclectic Medical Association.**

The time of the next meeting, on May 1, 2 and 3, is fast approaching. This should be a banner year for Ohio Eclectics. We are to be honored by the National at Put-in-Bay in June. We wish every member who has not already selected a subject and begun work on a paper for the State meeting to do so at once and send the title to the Corresponding Secretary, Dr. J. J. Sutter, Bluffton, O. The program must be in the hands of the printer at once. All Eclectics in the State should arrange to attend both these meetings. Those who are not members of these societies should attend and join the State Association so they will be in line to be recommended for membership in the National. Attend and join both this year, as it will be several years before we will have the privilege to again entertain "The National," and meet so many good fellows.

BISHOP McMILLEN, M. D., President.

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### **Kansas Eclectic Medical Association.**

The thirty-eighth annual session will convene in Steinberg's Hall, Masonic Building, Topeka, on Thursday and Friday, May 10 and 11, 1906. Secretary, Dr. E. B. Packer, Osage City, Kas.

**Eclectic Medical Society of the State of New York.**

The forty-sixth annual meeting was held in the Council Chamber of the City Hall at Albany, March 7 and 8. The Secretary reports a well attended and interesting session. Many new names were added to the roll of membership, and the Secretary was appointed a special organizer to secure the co-operation of every Eclectic in the State in the cause for which the Society stands. The following officers were elected to serve for 1906-7: President, A. E. Broga; Vice President, H. Stoesser; 2d Vice President, C. W. Brandenburg; 3d Vice President, W. G. Heeve; Treasurer, J. Krausi; Cor. Secretary, G. W. Boskowitz; Rec. Secretary, Earl H. King. 75 Caroline st., Saratoga Springs, N. Y.

**The North Texas Eclectic Medical Association**

Held its meeting at Sherman on February 16th. The following officers were elected: President, John A. Lanius, Bonham; Vice President, S. D. Donoho, Sherman; Rec. Secretary, H. H. Blankmeyer, Honey Grove; Cor. Secretary, R. E. Sawyer, Bokchito, Ind. Ter. The next meeting will be held at Bonham, Texas.

**T. A. E. Notes.**

Bro. E. G. McLaughlin upheld his reputation and the good name of the fraternity, by winning a brilliant "first" on the high jump at the recent A. A. N. meet at the armory, clearing the bar at 5-9, and thereby winning for himself the championship of the middle West.

The annual election of fraternity officers was held at a recent meeting, and a very efficient corps of officers was chosen, which bids fair to hold the fraternity up to the high standard it has always maintained. The prospects are that the coming year will be the best the T. A. E. has ever seen.

Bro. V. T. Reynolds, M. D., class of 1904, is located at East Lebanon, Ohio. The doctor came to the city a few weeks ago with a patient which he brought to Seton Hospital for an operation. Bro. Reynolds is enjoying the best of health as well as a lucrative practice.

A letter from Brother R. H. Meek, M. D., class of 1903, expressing his regret at his not being able to visit us this year, was received. We are glad to note that an extensive practice has hindered him from carrying out his good intentions.

Word has been received from Bro. T. E. White, M. D., class of 1905, who is located with his father at Fitzgerald, Ga. Bro. White sends his best wishes to the boys, and would like to be back with us again. He has a good practice and is holding his own with the physicians of his town.

Bro. F. W. Vance, M. D., class of '05, reports a successful and rapidly growing practice at Mannington, W. Va. Dr. Vance has the vim, and is showing that Eclecticism is the real thing.

As this is our last appearance in this capacity, we wish to thank the brethren for their help in the "Notes." Let us all remember that not only are the boys here at the college glad to hear from us, but that these notes reach many of our class-mates and other Greeks who have gone out from the college. The Chronicler for the coming year is Bro. Nelson McLaughlin, class of '07. His address is 1567 Linn st., Cincinnati, O.

D. E. BRONSON, Chronicler.

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**College Y. M. C. A. Notes.**

Another very pleasing function of the Association was that of a reception—the second of its kind for this year—given on Friday evening, Feb. 9, in the reception parlor of the Central Y. M. C. A. building.

We owe this evening of pleasure and entertainment to Prof. John Uri Lloyd, a man who always has the welfare of Young men at heart. Over one hundred were present, and were royally entertained by an excellent program, consisting of vocal and instrumental music, reading, and short addresses from different members of the faculty.

Feb. 15th, the Association was addressed by Dr. Mundy, of Forest, Ohio, upon the subject of "Personal Purity." Dr. Mundy's address was filled with splendid advice, and if his admonitions are utilized, will certainly prove of much value to the young physician.

Two important and interesting conventions held recently were those at Toledo, Ohio, Feb. 22 to 25, and Nashville, Tenn., Feb. 27 to March 5.

The Toledo convention was the bi-annual State Y. M. C. A. convention, this Association being represented by J. T. Bowman.

The Nashville convention was that of the Student Volunteer Movement, and was exclusively missionary. This comes once every four years, the previous one having been held at Toronto, Canada. The delegates from our local Association were Geo. H. Candlin, W. B. Cunningham, and D. E. Rausch. This was certainly a great gathering of students, every state in the Union being represented, and delegates from 700 institutions; besides 144 missionaries from 26 mission lands. There was a grand total of 4185 official delegates, besides hundreds who were not registered. It is said the Nashville convention was the greatest missionary gathering ever held in the world.

The annual election of officers for the ensuing year held March 15th, resulted as follows: President, J. T. Bowman; Vice President, D. E. Rausch; Secretary, W. H. H. Schrock; Treasurer, W. C. Jones; Chorister, F. H. Finlaw; Pianist, John Swanson.

Let us give these men our hearty support, and make their term of office the most profitable for the Association since its organization.

D. E. RAUSCH, Itemizer.

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**SOCIETY MEETINGS.**

**NATIONAL**—President, J. Paul Harvill, Nashville, Tenn.; Secretary, Finley Ellingwood, Chicago. Next meeting at Put-in-Bay, Ohio, June 19-21.

**ARKANSAS**—President, W. M. Allison, Bee Branch; Secretary, J. L. Vail, Little Rock. Next meeting at Little Rock, May 9-11.

**CALIFORNIA**—President, H. W. Hunsaker, San Francisco; Secretary, B. Stetson, Oakland. Next meeting at San Francisco, May 22-24.

**CONNECTICUT**—President, Geo. B. Bristol, Middlebury; George A. Faber, Waterbury. Next meeting at Allyn House, Hartford, May 8.

**GEORGIA**—President, J. H. Powell, Atlanta; Secretary, George A. Doss, Atlanta. Next meeting at Atlanta, first week of April.

**ILLINOIS**—President, Henry E. Whitford, Chicago; William E. Kinnett, Peoria. Next meeting in Auditorium Annex, Chicago, May 9-11.

**INDIANA**—President, M. Harrod, Ft. Wayne; Secretary, E. B. Shewman, Waymansville. Next meeting at Marion, May 22-24.

**IOWA**—President, D. R. Bement, Mt. Ayr; Secretary, E. B. Fulliam, Muscatine. Next meeting at Des Moines, May 16 and 17.

**KANSAS**—President, R. O. Rhodes, Topeka; Secretary, E. B. Packer, Osage City. Next meeting at Topeka, May 10 and 11.



- KENTUCKY.**—President, L. J. Poe, Butler; Secretary, Lee Strouse, Covington. Next meeting at Louisville, May 4 and 5.
- MAINE.**—President, A. H. Flower, Boston, Mass.; Secretary, F. W. Snell, Denneyville. Next meeting at Portland, May 23.
- MASSACHUSETTS.**—President, D. P. Borden, Patterson, N. J. Secretary, Pitts E. Howes, Boston. Next meeting at Boston, June 7 and 8.
- MISSOURI.**—President, D. S. Meredith, Cowgill; Secretary, George E. Crapf, St. Louis. Next meeting at St. Louis, May
- MICHIGAN.**—President, W. H. Snyder, Hastings; Secretary, F. B. Crowell, Lawrence. Next meeting at Detroit, June 18.
- NEBRASKA.**—President, W. N. Ramey, Lincoln; Secretary, S. J. Stewart, Lincoln. Next meeting at Lincoln Medical College, May 8 and 9.
- NEW ENGLAND.**—President, F. W. Snell, Dennysville; Secretary, Sylvania A. Abbott, Taunton, Mass. Next meeting at Portland, Me., May 23 & 24.
- NEW HAMPSHIRE.**—President, A. A. Muchmore, Plymouth; Secretary, W. H. True, Laconia. Next meeting at Laconia, June
- NEW JERSEY.**—G. E. Potter, Secretary, Newark. Next meeting at Newark, May 23.
- OKLAHOMA.**—President, W. T. Ray, Kelly; Secretary, E. G. Sharp, Guthrie. Next meeting at Oklahoma City, May 10.
- OHIO.**—President, Bishop McMillen, Shepard; Secretary, John J. Sutter, Bluffton. Next meeting at Columbus, May 1-3.
- PENNSYLVANIA.**—President, C. L. Johnstonbaugh, Bethlehem; Secretary, Kimmel Rauch, Johnstown. Next meeting at Johnstown, June 5-7.
- SOUTH DAKOTA.**—President, A. W. Hyde, Brookings; Secretary, W. E. Daniels, Madison. Next meeting at Madison.
- TENNESSEE.**—President, J. W. Pruitt, Only; Secretary, A. D. Daniel, Lohdeville. Next meeting at Nashville, May
- TEXAS.**—President, Jason Tyson, Santa Anna; Secretary, L. S. Downs, Galveston. Next meeting at Fort Worth, October 9.
- VERMONT.**—President, James W. Marsh, Manchester Center; Secretary, R. N. Waite, Johnson. Next meeting at Montpelier, June 6 and 7.
- WASHINGTON.**—President, G. W. Overseeyer, South Bend; Secretary, R. O. Ball, Tacoma. Next Meeting at September
- WISCONSIN.**—President, W. S. Blunt, Paupun; Secretary, F. P. Klahr, Horicon. Next meeting at Kilbourn City, May 24.
- WEST VIRGINIA.**—President, J. A. Monroe, Wheeling; Secretary, L. S. Yost, Amos. Next meeting at Parkersburg, May 15-16.

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## PERSONALS.

### LONG BEACH, CALIFORNIA.

Dr. H. Ford Scudder, E. M. I. '93, has entered into partnership with Dr. Lewis A. Perce, E. M. I. '82. Dr. Perce was formerly a practitioner at Bucyrus, O., and a member of the Ohio State Society for a number of years before locating in California. He is now President of the State Board of Health. For several years Dr. Scudder was demonstrator of anatomy at the E. M. Institute, and is now lecturer on anatomy and chemistry in the Eclectic Polyclinic at Los Angeles. The Journal wishes the new firm every success.

An accurate list of Eclectic physicians registered in Texas, with complete information and addresses, has been published by the Secretary, Dr. L. S. Downs, of Galveston, Texas, and will be sent on request.

Dr. T. Willis Miles takes pleasure in announcing his removal to rooms 311 and 312 in the new Commonwealth Building, 15th and Stout streets, Denver, Col., where he will be glad to see any of his eastern friends.

Good location for a young Eclectic town of 800, good surrounding country. Will sell drugs, office fixtures, etc. For particulars address, with stamp, Dr. E. T. Newcomer, Mendon, O.

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## Original Communications.

### SPECIALTIES IN PRACTICE.

By John Albert Burnett, M. D., Cecil, Ark.

This is a day of specialties in practice, and should be, for no one physician can be up on everything as a specialist is. A physician, general practitioner or specialist, should have some knowledge of all departments of medical science. But State Boards and college professors should not expect this knowledge to be perfect, or anywhere near it. There is good in all things, *i. e.*, in all specialties and in all systems of practice. Truth is eternal, no matter where it comes from or how old it is. There is a morbid desire in some physicians to have everything new or lately discovered, and if not this way, it, in their opinion, is worthless, or about so. There are others who have a mental disease, which is, they are right in everything, and all who disagree with them are fools, and should be legislated out of business or executed. All such persons are diseased, and should consult a specialist. This world is full of people, and more than one has got a talent, hence no one should think that he is the only pebble on the beach, or that his class is the only one.

No one can govern the world at present with his individual opinions on any topic, even if it is on his specialty. False ideas and opinions are often harbored for years and years on account of journal editors, for some of them are afraid to publish an idea or opinion that is contrary to those usually accepted, for fear of criticism. An editor of a medical journal should be liberal, and publish all sides of a question, and not be hide-bound, and only publish just what suits him. If a writer of a journal does not believe a thing, he should say so, but not personally criticise a person unless the editor will allow a reply to it. An editor of a journal that will personally criticise a person and not allow a reply is a rascal. These are all facts which should be known to all, no matter whether a general practitioner or specialist.

*Materia medica* is a department of medicine which should receive due attention by all physicians. I have devoted special attention to this subject, which can be proven by the numerous articles that I have written on different remedies. I find that much that is written on the therapeutics of drugs is not reliable, and some specific indications, so called, which are given by most writers seem never to occur in my cases. Sometimes the patient never exhibits the symptoms in many instances where I am satisfied that the remedy is indicated from a pathological standpoint. Some of the specific indications are borrowed from homeopathic writings, or from the writings of some person who was only giving his opinion, and did not sufficiently verify his statements.

There is need of a strong article entitled "Pathology Versus Symptomatology in prescribing. I prefer to base my prescribing on pathology in place of symptomatology. It is claimed by some that a certain pathological condition will produce certain symptoms, but I think this is not always the case. When the pathology of a disease is not understood it is treated only empirically, and can not be otherwise. No matter what the homeopaths say about totality of symptoms, it is purely empirical. The regular physicians specialize pathology to a great extent; the eclectics specialize *materia medica*; the homeopaths specialize symptomatology and *materia medica*, and the physio-medicalist knows a great deal about the action of non-toxic agents. The homeopaths use drugs only for their dynamic effect, and their symptomatology is, to my mind, practically worthless. In fact when a drug is used in regular eclectic or physio-medical doses on homeopathic indications (symptomatology), it will aggravate the condition—a fact which all homeopathic physicians know. Often a homeopath finds that a low potency, where the drug is indicated, will aggravate the condition, when they claim a high potency will cure it.

I have fooled with homeopathic potencies enough to believe that this is true. But it looks like trusting to nature when the potency goes up to M. or MM. At least they can leave me out in this just at present.

For the last few years most physicians have a strong desire to specialize surgery, and they want to cut for everything. Their minds, to a certain extent, are morbid with such desire to "cut" for everything, and to see how much they can do in this way. We need specialists in surgery, but not so much surgery is needed. People do not wish to be carved up if there is any other way of treatment, and often there is.

The use of the tides is specialized in medicine, and no doubt they are of much value. It is claimed that if pregnancy takes place when the tides are on the ebb, the offspring will be a girl, and if on the

flow, a boy ; and the time to push treatment is when the tides are on the flow ; that death usually takes place when on the ebb. The flow is considered positive and the ebb negative.

The eye is getting to be a great field for specialists, and it is a fine field. The ill health of several prominent persons is supposed to be caused from the eye. Dr. McCormick has a system of treatment which he claims is mathematically correct in treatment of various diseases by special attention to the eye.

Electrotherapeutics is an old specialty and a valuable one. But it, from some cause, has not gained the attention it should.

Orificial surgery, or dilatation of the sphincter muscles of the rectum, and breaking up adhesions of the glans penis and clitoris, is a specialty which is of great value to the profession. The glans penis has received attention for a long time, and now it is known that the clitoris more often deserves attention than the penis.

Massage is an old method of treating diseases, and one that is not specialized, but should be. Osteopathy is a mechanical method of treating diseases which has got to be quite popular in some parts at present. Many physicians have quit using drugs and taken up osteopathy as a specialty. By some osteopathy is only considered a new or improved method of massage, and to a great extent this is correct.

Chiropractice is a method of spinal adjustment or a system of treatment that claims to punch the spinal column at the vertebra where the nerves branch out to control the diseased part, thus placing the vertebra, which takes off nerve pressure and cures the disease. Their pathology is that one or more of the vertebræ is misplaced in all diseases, and to place them will cure the disease. The part to be adjusted is usually suspended, the patient being placed on his back, and with a sudden hard pressure the vertebræ adjusted or placed correctly. The second time I tried this treatment I heard the cracking sound which is claimed to usually be heard. It resembles a cracking in the joints of the fingers or other joint. Chiropractice like massage is an old thing, but not well known at present. Chiropractice, or this method of spinal treatment which is now known as chiropractice, has been practiced in Bohemia as far back as the oldest Bohemians can remember, and no telling how much longer. Most all Bohemians about Prague know what this spinal treatment is. It is known to them by the name "Napratt."

Suggestion, or mental medicine, has attracted the attention of many physicians, and some of them employ it exclusively in their practice in all forms of diseases, with usually good results. There is value in hypnotism, no one can doubt, and no one who has investigated will doubt.

Hygiene and physical culture is a great specialty with some, but usually carried to extremes by those who specialize them.

At one time the use of water was a great specialty, and when properly used it is a valuable agent in various diseased conditions. It has a wider range of usefulness than any other single remedy.

Serum therapy is a specialty with many, but is likely not to be popular on account of the cost, even if it was extremely valuable.

Rectal injections and washing out the rectum is a specialty which does much good. Poultices, blisters and external medication is specialized, and there is much good in them.

If I should select a specialty which I believed was the most useful to the physician and patients, and one that I would ride as a "hobby" to an extreme, and feel my conscience almost clear, I would select the therapeutics of light and color. I believe there is more good to be accomplished by this grand department of therapeutics than any other. I would read all the writings of the late Dr. E. D. Babbitt for good as well as through curiosity, as I think many valuable facts could be gathered from his books. I would become familiar with the Finsen light, the incandescent lamp, and the writings of modern authors on these subjects, which I believe are the most valuable facts that have ever been discovered in medical science, and which, in my opinion, will revolutionize the healing art in some future time not far distant. Physicians should investigate this department of therapeutics, as it will bear investigation and the clinical test. Of course there is much written on this subject which are only opinions, and a person would have to investigate for himself. It is my opinion that some of the secrets of controlling sex in generation, and the prevention of crime, as well as many other things, will be discovered when this is thoroughly investigated. It may open a better way for the treatment of born criminals than to castrate them, which is now being advocated by most all prominent physicians. The science of light and color in the treatment of diseases should receive due attention, at least by the specialist on the subject.

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### ECLECTIC OPPORTUNITIES.

By **Walter S. Bogart, M. D., Erie, Colo.**

I have been noticing with keen interest the discussion regarding the Eclectic National in recent journals. My interest was perhaps the keener from an experience which I underwent recently in trying to place one of our own school in a location I was leaving. I finally appealed to Professor Lloyd, who wrote me, and I shall ask his pardon for quoting from his letter.



After deploring his inability to furnish a man to fill the place he writes as follows:

"The total number of graduates of all the colleges of Ohio at present is insignificant as compared with those of five years ago, and the indications are that the classes will be cut down even more in the near future . . . if the restrictions in the States at large continue."

That would be a very depressing statement to a man with a drop of red Eclectic blood in him, were it not for some qualifying conditions. In the first place, the Professor states, in another portion of the letter, that his inability is because "the demand in our direction is much greater than the supply," and, secondly, I believe the same conditions prevail over the whole country that I have noted in Cincinnati. When I matriculated, in 1895, at the E. M. I., there were in existence in that city the following colleges: One Eclectic, one Homeopathic, one Hygienic, one American Eclectic, and either four or five Allopathic.

Now there are two Allopathic (one of which is now adjunctive to the Cincinnati University), one Homeopathic, and the same old E. M. I. Now, isn't that change of proportion encouraging, coupled with the Professor's statement that we can not fill the demand, especially when it is obvious *why* the proportion changed?

The gist of the above is this: I do not believe we, as a school, collectively and individually, are loyal enough to our principles, those eclectic principles which have made us what we are. We see more dollars coming in than are going out; we are "safely in," and so we stop at that. If that accusation is not true, why is it that but a few hundred out of 10,000 or 12,000 Eclectics belong to the National, and why is it that that number of men in the field can not put up the new material required in the shape of students?

The facts are these: these new and increasing requirements have shut many a college door, but not one Eclectic institution; contrarily, new colleges of our persuasion have been opened. This means that our principles are growing in favor, and that instead of the stringent laws operating against us, they offer us the best opportunity we have ever had. The people are with us, and will see that a major allopathic vote will not down us with exclusive legislation. This is proven by the fact that all the recent legislation, aimed primarily at "irregulars," has reacted vigorously on allopathic institutions.

Now as to the requirements for entrance: Eclectic proselytes and the sons of Eclectics are just as well educated as those of other sects, and as the requirements include all, it merely makes our profession more enticing by offering less competition in an ever-increasing population. The time is past when we need to seek among the undesirable for students, and while the regulations will keep out many a one whom Nature



probably qualified for the practice of medicine, these very stringent exactions make it easy for us to gain ground in numbers on the regular school.

The proposition is one of mathematical demonstration. There are ten Eclectic colleges. There are at least ten thousand Eclectic practitioners. If each of these men were only "stand-pat" enough to send one student every ten years, we would see a procession of one thousand freshmen added to our rolls each autumn, which would mean one hundred new men to each Eclectic institution; more than any college ever dreamed of having. This is a very easy task when our college and high-school graduates complain that every following is overcrowded, and *we* complain that we can not "supply the demand."

There are thousands of American towns that have yet to see an Eclectic doctor, and I insist that wherever an Allopath can find a practice, there is room for an Eclectic. In fact, an old professor in my alma mater used to say that however crowded a community might be with Allopaths, if you introduced an Eclectic, within six months he would be making a living, and within a year some regular would be removing. To any one who has made a careful study of allopathic therapeutics and statistics of mortality, the reasons for this are perfectly plain.

If we could grow from one Wooster Beach to ten or twelve thousand in less than a century with great obstacles to overcome, what can we not do when the odds are in our favor? What are we going to do about it? Let the opportunity slip by us, or push enough young, manly American blood into our Eclectic schools that the balance of power will be changed so *our* men may be chief surgeons, medical directors, etc.? You have about all bitten the dust over the biased allopathic method of distributing preferences, and that alone from sectarian pride, and a knowledge of being in possession of the most accurate and successful method of healing yet developed, should arouse you to action. How many will answer the roll-call?

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### MEASLES AND ITS COMPLICATIONS.\*

By A. L. Swartzwelder, M. D., Cleveland, O.

Measles is an epidemic contagious disease, more widely prevalent than any other eruptive fever; very few persons reach adult life without contracting it.

It is highly contagious, even from the beginning of the invasion, and spreads with great rapidity from the patient to all susceptible per-

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\* Read before the North-Eastern Ohio Eclectic Medical Association.

sons exposed. The poison, however, does not cling so long to clothing or apartments as does scarlet fever.

Measles has a period of incubation of from eleven to fourteen days, and a gradual invasion of three or four days with symptoms of acute coryza, a maculo-papular eruption which appears first upon the face and slowly spreads over the body, which lasts from four to six days. This is followed by a bran-like desquamation complete in a week.

*Etiology.*—The cause of measles is obscure, but am led to believe this, like other diseases, is due to a micro-organism having more power and a greater virulence at certain seasons, due to climate or other conditions changing the disposition of the bacteria's being, so to speak, from harmless to disease producing, which is only overcome when conditions in the patient and community are for the better.

The duration of the disease is about three weeks, much shorter than scarlet fever, but, like it, runs its course, the doctor in the meantime supporting the vital force and arousing his patient as best he can till the breakers are past, and his patient enters once again the haven of health. From the beginning of catarrhal symptoms we find measles highly contagious, but the period of greatest contagion is still in dispute, but is thought to be the time of greatest eruption, fever, and the abundant catarrhal symptoms. As the catarrh subsides and the eruption the communicability rapidly diminishes.

The disease is spread by direct contact, furniture, or clothing, or a third person, but one notable fact is, measles rarely clings to apartments for weeks or months, like scarlet fever. Lesions of measles are of the skin, mucous membrane and respiratory tract. The skin lesion is of an inflammatory character, but more superficial than scarlet fever. The cause of the swelling is congestion of the parts due to the exudation of round cells about the small blood vessels, sweat and sebaceous glands.

There is a catarrhal inflammation affecting the conjunctiva, nose, pharynx, trachea and large bronchi which varies with the severity of disease. In very young children this is the cause of the complication of broncho-pneumonia so often encountered.

*Symptoms.*—As a rule the invasion of measles is gradual, both the fever and catarrhal symptoms increasing steadily up to appearance of the eruptive process. Severe coryza, increased lachrymation, photophobia, sneezing, and a discharge from the nose, are the well-known beginnings of the disease. The hoarse, hard cough indicates that the catarrhal process has involved the larynx and trachea as well as the visible mucous membranes. Frequently the soreness of the patient's throat shows to us the congestion of the tonsils, fauces, and the pharynx.

On the hard palate are frequently seen small red spots, but much

more characteristic are the minute white spots upon the mucous membrane of the cheeks, known as Koplik's sign, which is one of the earliest signs to cause us to form our diagnosis of measles, even before the eruption or catarrhal symptoms appear. With these symptoms we have headache, dullness, pains in the back, malaise, and possibly diarrhoea or vomiting.

As the ordinary case of mild degree can easily be managed by the careful physician we shall dwell more upon the complications and sequelae common to the lesion before us, the most frequent and important of which are broncho-pneumonia, ileocolitis, otitis and membranous laryngitis, all of which are rather rare after four years of age.

*Lungs.*—The greatest danger in measles arises from pulmonary complications, and the frequency is greatest under two years of age. Pneumonia is more frequent in spring and winter, and mortality greater at that season.

Lung complications may begin at any time, but usually begin at the time of full eruption. To add to the danger many of the pneumonia cases also have added pleurisy as a complication, increasing the gravity of the case. We may suspect pneumonia when the temperature remains high after the full appearance of the rash. Bronchitis of the large tubes, always accompanied by tracheitis, is seen in every case of measles, possibly excepting a few of the very mildest.

*Larynx.*—A mild catarrhal laryngitis accompanies almost every case of measles. Severe catarrhal laryngitis is present in about ten per cent. of the cases. One of the very grave complications of measles is diphtheria, which generally begins in the larynx.

*Throat.*—A catarrhal angina is part of the disease, and is as characteristic of measles as is the eruption on the skin. There is acute congestion and swelling of the tonsils, uvula, palate and pharynx. Some have membranous patches form on the tonsils and adjacent mucous membranes.

*Digestive System.*—Gastric trouble may be a factor, but more serious is bowel trouble, especially during summer months, which may be even more serious than pulmonary. The bowel troubles are seen more frequently in the second or third weeks. Ulcerative stomatitis and gangrenous stomatitis may occur; also gangrenous inflammation may be seen after measles, especially of the ear, vulva and prepuce.

*Nervous System.*—Meningitis may occur as well as insanity of a temporary character may follow measles.

*Ear.*—Otitis is a frequent complication in some epidemics. Usually both ears are affected, and the inflammation terminates in suppuration, but impairment of hearing is less liable to occur than in scarlet fever.

*Eyes.*—Simple catarrhal conjunctivitis accompanies nearly every

case of measles. In severe cases there is muco-purulent catarrh. In neglected cases it may spread to the cornea. In a large percentage of cases chronic conjunctivitis persists after measles. Lymphatic swelling of glands of the neck are frequent and rarely suppurate, but may terminate in tuberculosis.

*Kidneys.*—Complications of kidneys are found in striking contrast to scarlet fever. Transient febrile albuminuria is not uncommon.

*Heart.*—Both endocarditis and pericarditis have occurred in the course of measles. Erysipelas, furunculus, impetigo and pemphigus have been noted. Hemorrhages have been noted from mucous membranes in hemorrhagic type of the eruption.

Other maladies may complicate matters in different cases, such as whooping cough, scarlet fever, diphtheria, varicella and tuberculosis, after the measles have disappeared, which may manifest itself in the lung, hip-joint disease, bone, or caries of the spine.

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### LLOYD'S FOREIGN LETTER.

STEAMSHIP CELTIC, February 27, 1906.

MY DEAR DR. SCUDDER:—It has been charged as an adverse criticism upon our school that Eclectics are narrowed by reason of the fact that they have not traveled in proportion to their professional membership. It has also been charged that we have not, for this reason, a comprehensive view of conditions outside of our restricted field.

If by the term *traveled* is meant world-wandering, I can scarcely dissent from the stricture. If, however, it implies home ignorance, I must protest. We are familiar with all of America, and we are especially versed in American productions. Our people are to be found in every part of our home land, and in every part are doing well their work, and crediting their country and their school.

Nor, aside from our studies, have we been altogether confined to America, nor yet have we neglected to make a record in our own name, concerning outside matters. The letters your father wrote from Europe for the JOURNAL were most instructive; the comprehensive communications of Dr. Welbourn concerning his world circuit were delightful; the terse notes of our Dr. Russell were sparkling, and the special medical articles of many of our people in foreign lands are of much value. So, taking it as a whole, the great work we have had to accomplish at home has not altogether restricted our efforts to America.

But yet, as I have stated, I shall not attempt to argue that it would not have been better had some of our people traveled more extensively abroad, providing they had devoted their efforts to the crediting of our

school. Nor shall I attempt to excuse myself for not having before this sacrificed, occasionally, a few months of time in the discomfort of foreign lands, where much is to be learned that can be in no other way acquired. Nor do I now refer to affairs that take the thought of tourists in general, for really the much-talked about localities and the places of general historical concern, so familiar to us all by reputation, appeal to me less than do the things that tourists seem never to see.

Hence, if my letters neglect the more famed acts that men have accomplished and the better known features of nature, to dwell upon the seemingly trivial and the less important, they may supply gaps where tourists need to be fortified.

The first stop of our Mediterranean-bound steamship is one week out, at Horti, on the island of Fayal, one of the Azores. From zero weather in New York we step into springtime. From our well-known hills, valleys and plains into a group of volcanic peaks, the tips of which, projecting above the ocean, form these semi-tropical islands. Long since have their craters been extinct, but no man knows when a slumbering volcano may awaken. An eruption from St. George in 1808 destroyed the town of Urselina, and in 1811 St. Michael, near where I now write, threw an island above water eighty fathoms deep, but it gradually disappeared.

In one sense the mountain peaks that form this group of islands are important, for they are, traditionally, the sole survivors of *The Lost Atlantis*, that ancient continent of mysterious occult lore and traditional speculation.

It is winter here, but a winter corresponding to about the last of May along the Ohio. The tops of the cone-like peaks are surmounted with misty clouds, which break away to show them green to their very tips. From base to summit they are fenced into small fields (*farms*) by dividing lines of canes, or by stone walls. Every available inch of ground is cultivated. Behind these miniature farms stretch a thousand years of human industry, not counting the fabled Atlantis. Here tropical fruits are abundant and cheap; oranges, five cents a dozen, twenty-five cents a basketful; other productions in proportion.

The people are necessarily economical. A policeman gets fifteen dollars a month; laborers, from twenty-five to fifty cents per day; youths, five to fifteen cents per day. To these people a copper cent is a prize, and a silver dollar a fortune. Only the rich can afford stoves, and I must wonder whence they get wood, for no tree is to be seen in the barren rocks or in the excruciatingly cultivated fields (or bits of fields).

These people (laborers) go largely barefooted, and judging from the great sprawling, finger-like toes I observed among them, shoes

would be impossible. But they are happy. The children laugh and smile; they throw flowers at us outsiders and give us fruit. The beggar boys beg in the best of good nature. They take a refusal happily, and as we pass sing out "Good-bye," the only word they seem to know, excepting the one word *Mon*, by which they beg a cent.

But there are other classes of people here. In the town there are merchants and tradesmen of wealth. Seemingly, where there are very poor people, there are also men who are, by contrast, very rich. The town of Horti contains its proportion of the well-to-do, but I question if they are as happy as the people I have described, who build their fire beneath the tiled roof of their chimneyless home, and let the smoke creep out of the overlying interstices.

From Fayal, a sail of the night brings us to *Ponta Delgada*, another of the Azores. Again we stop to find the same low brick houses, the same style of walled streets, the same semi-tropical fruits, and an abundance of cultivated flowers. There are hundreds of hot-houses in this island, which is otherwise peculiarly favored for flower culture. These hot-houses are very large, and I am informed their province is to supply the London market. A steamer each week sails for Liverpool laden with fruit and flowers.

The day we reached *Ponta Delgada* chanced to be the Carnival of Flowers. The village was "alive" with flowers. Such calla lilies as I have never before seen! Masses of rare tropical cut flowers, loads of them on the sidewalk, in the street, bedecking houses, wagons, everything. Boat loads were sent to our ship, and as I thought of frigid home-land, I could scarcely appreciate that this was February, and that we were a scant week from frozen New York.

But in it all, these islands gave to me nothing of importance, for of the articles on my list, they yield nothing. And when the anchor was raised in the afternoon, I felt a relief, for the brief stay satisfied me with flowers and fruits, scant fields and springtime weather. We left the mythical land of the Lost Atlantis to move towards the world-renowned Gibraltar, which, our next stop, brought me a station nearer the home of opium, asafoetida, coffee, and such other drugs as to me are more interesting and entrancing than flowers, fruits and volcanoes.

I shall write you again from Naples and Smyrna.

Very sincerely,

JOHN URI LLOYD.



**HERBS AS MEDICINES.****By Chas. L. Olsen, M. D., Murray, Utah.**

[Concluded from page 180.]

**HEPATICA.**—As may be judged from its name, Hepatica was supposed to be of benefit in diseases of the liver, especially. Paulli added: "It (Hepatica) also possesses a peculiar nature of healing, so that it is very useful in enterocele; it may also be used as a mouth-wash, when there is a sensation of heat in the fauces and pharynx."

**HYOSCYAMUS.**—Hyoscyamus niger,—variously called, in different languages, henbane, devil's eye, sleep weed, etc.,—which we know to possess many valuable properties, was feared to such an extent formerly that Paulli says: "The laity, without fear, ought to spit (a sign of contempt) on hearing even its name mentioned, say nothing of what they should do when they see it growing in great abundance where their children run and play."

Cautioning everybody to be careful in the use of medicines, and referring to the eagerness displayed by some in employing every new fad in their practice, without further investigation, no matter how deleterious its effects may be upon the innocent victims, this author (Paulli) becomes greatly agitated and poignantly quotes Scribonius: "Quod medicine est scientia sanandi non nocendi." (Medicine is a science of healing, not of harming; or, the art of healing is a knowledge of how to cure, not how to do harm.)

Paulli carefully points to the subtle properties of this plant, and repeatedly urges "common people" to be very circumspect in handling it.

Hyoscyamus was known to possess such narcotic and hypnotic properties that Paulli says of it: "Soldier prostitutes, who follow the troops, in order that they slyly may steal chickens from the poor, unsuspecting farmer, prevent the chickens from crowing or otherwise making a noise, by putting some of the seeds of Hyoscyamus in a pot containing live coals and placing the vessel under the roosts in the chicken-coop, when the fumes from the seeds will cause the fowls to drop insensibly to the ground, remaining in a stupor until carried away and disposed of."

**IRIS.**—Iris (Blue Flag) was used as a hydragogue; a syrup of Iris mixed with bean-meal, it was claimed, would remove freckles, ephelides, etc. Iris was also employed in dropsy, bronchial affections and infantile colic; also in wounds, and diseases of the nose, with foul odor. The root of Iris was one of the main ingredients employed in embalming dead bodies.

**MATRICARIA.**—Matricaria was well known to the older botanists. They called it Parthenium, because of its curative properties in diseases of women.

"There are some," says Paulli, "that can not bear the odor of *Matricaria*, therefore such persons should not be advised to use it; but those who can stand the odor it gives off will only have to lay the green plant on top of the head to ease and cure headache. This same herb bruised and some salt mixed with it may be applied to the soles of the feet in insomnia."

This writer recommends its use especially in amenorrhoea. It was also used to promote the lochial flow in parturient women.

Agerius praised this plant highly as a remedy in odontalgia, and an oil of *Matricaria*, prepared by infusion of its leaves, with which to anoint the abdomen, was considered an excellent vermifuge.

**MELILOTUS.**—Of all the varieties of this herb, *Melilotus Officinarum Germaniae* was held to be the only one fit to be kept in stock in the apotheca. It was mainly employed in diseases of the eyes, the throat, the uterus and the kidneys.

**PULSATILLA.**—*Pulsatilla*, which now is classed among sedatives, found to possess remarkable virtues, and known to be an excellent remedy in a wide range of diseases, must, according to Paulli, formerly have been known and used to a very limited extent. It was thought that *Pulsatilla* might have been valuable in that it could be used in lieu of tobacco as a snuff, "causing one to snort and sneeze"; it was also regarded as of some service in removing warts, and had been used in intermittent fever of the tertian type.

In Italy the root was considered an antidote "against every kind of poison."

**SAMBUCUS.**—*Sambucus* was classed as a diaphoretic. From the middle bark of the elder a salve was prepared, which was used for burns, in podalgia, etc.

Solenander gives the following prescription: "Take of fresh *Sambucus* flowers (if at the time of year when the tree is blooming), but if fresh flowers can not be had, take a handful of dried *Sambucus* flowers, and about a quart of milk from a red cow; boil together over a rather hot fire, about as long as it generally takes to cook fish; then strain through a cloth or colander; when strained, drink some of this decoction, lukewarm, in the morning, during the wane of the moon, two, three or four times, as one may see fit, and continue taking this through an entire year. People who have tried this dare say that if those who suffer from hay fever will do likewise through the year, they will never have this disease again."

**URTICA.**—*Urtica* was recommended for hydrophobia, cancer, epistaxis, jaundice, cough, asthma and constipation.

Paulli says that the stinging or burning sensation produced by carelessly handling *Urtica* (Stinging Nettle) can quickly be overcome by bathing the affected parts in olive oil or fresh butter.



"The laity know full well that if any of the limbs of the body become numb or shrink away, the remedy is to beat or whip such limbs with fresh Stinging Nettle, as with a withe."

Castor Durantes makes the following observation concerning this plant: "If Stinging Nettles remain green and fresh, after being steeped for twenty-four hours in the urine from a sick person, it is an infallible sign that the patient will recover; but if the Nettle so treated wilts, it is certain that the patient will die, or at least that the danger from the disease is very great."

VERATRUM.—Early writers on medicinal plants described several species of Veratrum or Hellebore. Paulli mentions three, namely, the flore roseo, flore viride, and flore sub-viride varieties. Of these, the first named, or "Hellebore bearing rose-like blossoms," was said to be useful in the treatment of scabies and itch; in decoction it was employed as an emmenagogue. This kind of Veratrum was considered to be "genuine," while the green variety was denominated "spurious"; and concerning the white Hellebore the above named authority remarks: "We will say nothing else about this plant than to advise every one to beware well of it."

VERBASCUM.—Verbascum was a remedy for hernia, hemorrhoids and glandular affections, toothache, chronic cough, convulsions, internal injuries, gout, warts, intermittent fever of the quartan type; and it would even smooth "the wrinkles in the foreheads of old maids." An oil of Verbascum, prepared from the leaves, and Olive Oil was a component of clysters.

XANTHIUM.—"This herb," says Paulli, "is not put to any use in the art of healing or medicine; but girls, showy damsels and betrothed maidens gather the burrs and small leaves of the herb, from which they prepare a wash for their heads, if so be they desire to get yellow hair. But Verbascum is much better for this purpose."

It will be noticed that we have so far confined ourselves to such herbs as are represented in the "Specific Medicines." Besides the foregoing, we find in the aforesaid "Flora Danica" description together with the therapeutic properties of a great many varieties of herbs embodied in the Eclectic Materia Medica, such as Cochlearia, Eryngium, Galium, Juglans, Plantago, Rubus, Rumex (Lapathum), Salix, Serpentaria (Bistorta), Trifolium, Valerian, etc. The last named plant — of which six varieties are described — was regarded as the scorbutic *par excellence*. It was also used in diseases of the liver and spleen.

In closing, it might be interesting to note some of the observations made concerning tobacco — to which subject the above named author devotes twenty pages: "If tobacco leaves be applied locally in head-

ache, or hemicrania, caused by cold, the pain is soon relieved; but the applications must be repeated until the malady has entirely been overcome. The same remedy may also be used in torticollis, or, in fact, in spasmodic muscular contractions in any part of the body.

“Tobacco gives relief in odontalgia, from exposure to cold; if the tooth be hollow, a plug made of the leaf may be used. Tobacco juice will prevent further decay.

“It is also of much service in thoracic diseases, such as in chronic cough, dyspnoea, etc., employed either in the form of an infusion or a specially prepared pectoral.

“Tobacco leaves roasted in hot ashes and applied locally will relieve flatulency, pain in the region of the kidneys, and gout. In frost bite, great relief will follow if the hand, feet or other parts affected be rubbed with tobacco leaves and afterwards washed in warm salt water.

“If laid on fresh cuts or wounds, tobacco leaves will stop the hemorrhage; applied to old injuries and fungus growths, they will cleanse them. But if tobacco be used in such cases as these, a well-regulated diet must be observed.

“Scurf and ringworms may also with advantage be treated with tobacco, rubbing the affected parts with the juice obtained from the leaves.”

Simone Paulli, in quoting the sayings of scientists, anatomists, physicians and other eminent men — such as Arnisaeus, Agrippa, Florentius, Heuvnius, King James I., Seneca, Spigelia and others — concerning the evil effects of the injudicious use of tobacco, descants on the subject in the following strain: “In Europe this herb has many evil effects; it causes disagreement, wrangling and many a squabble, both day and night, so that it might with all propriety be called evil-herb or quarrel-weed. Tobacco is injurious both to soul and body; it robs parents of the affection they should cherish for their offspring; and in children it lessens the love, respect and honor which is due their parents from them. Tobacco aids in the commission of crime; yes, whoredom and profligacy, theft and deception, and even murder, are furthered by its use; also, it often occasions great fires and otherwise augments poverty, promotes misery and produces sickness. Notwithstanding all this, shipload after shipload of tobacco is yearly brought to Europe, so that, concerning tobacco, we could truly exclaim, with Agrippa: ‘*Nos Mortem magna emere pecunia.*’”

**MENOPAUSE.**

**By C. Woodward, M. D., Chicago, Ill.**

What is the menopause, or "change of life," that its serious effects on the system should not have been considered pathologically? The uterus and its appendages execute monthly a physiological function through the influence of the blood and nervous system, from puberty till the end of the climacteric period, and in such a manner as to clearly define their condition or that of the system.

Many attempts have been made to show the similarity of the phenomenal advent and cessation of menstruation, but have never been absolutely sustained. Although there is a similarity, with the difference that whenever menstruation begins and ends in a physiological manner (painless), these phenomena are performed at both periods by the reciprocal influence of the uterus and system. For instance, the blood and nervous system may be too weak to establish menstruation, but never to cause cessation. The failure of the former is caused by the weak condition of the system, but all disturbances which occur at the cessation which are attributable to it are reversed and caused by a diseased uterus. These disturbances influence the general system and interfere with the physiological performance.

"The menopause being an event which is natural to women, there is nothing in its occurrence which should cause ill health." This is not sound reasoning, because it is natural only when it acts normally, and unnatural when it acts in a diseased manner. The kidneys perform a function, with the influence of the system, which is natural to man. Therefore, there is nothing in the elimination of urine which should cause ill health. This is a parallel case, but are the kidneys any more liable to become diseased and affect the system than the uterus?

It has been said "that the menopause seriously affects some of the most healthy women." A woman should not be considered healthy whose uterus is unable to empty itself of blood within a few hours after the cessation of a flow, because such a condition results in its becoming diseased, and would soon affect the system.

The uterus has been excised from women who have since passed the critical period without suffering any symptoms that could be attributed to its effect. The menopause has been divided into two stages: the first, pre-cessation or beginning; the second, post-cessation or ending. Does this division make any therapeutical suggestions for its relief? What advantage is it to a physician to know that a woman is in the first or last stage of her critical period? By applying these adjectives — physiological and pathological — to the phenomena of menstruation, we know by

examination the exact condition of the uterus and how it will perform its functions at any time during the menstrual period of woman, because it is defined as in a healthy or diseased state.

I will illustrate the above by examining and diagnosing the condition of two women during their menopause. For instance, the first woman has never given birth, nor had any abortions, inflammations or other diseases of the uterus. She approaches the critical period with her uterus in a healthy condition, and which is able to perform its normal functions through the change of life without affecting the system. Such a case proves conclusively the appropriateness of classifying it as a physiological cessation. The second woman has given birth, had abortions, and had inflammation of the uterus at the time she enters the critical period. Her uterus is unable to perform its physiological functions. This woman will have to endure during the change of life many reflex symptoms that are caused by a diseased uterus. This sustains the appropriateness of recognizing it as a pathological or diseased cessation. The advantages of classifying the whole menstrual period of woman into physiological and pathological will be apparent when it is further known that the uterus, following the pubic age, is able to empty itself of blood within four hours after the cessation of a flow; while during the menopause the uterus that has been affected with inflammation is unable to empty itself. Thus it retains one or two drachms of blood from month to month, and becoming decomposed, is re-absorbed into the circulation, inducing all the symptoms that can be, directly or indirectly, attributed to the cessation of menstruation.

Do we need any further proof that every woman whose uterus is healthy will not have to succumb to symptoms which arise from the change of life, and that every woman who has a weak and diseased uterus will have to endure symptoms caused by intra-uterine irritation and auto-intoxication during the menopause?

How sad it is to see so many noble women obliged to be separated from their families they have loved and cherished and be sent away to an asylum, where they perhaps die from cancer of the uterus, simply because those two drachms of decomposed blood have not been removed within a few days following menstruations during the menopause!

These conclusions have been obtained from effects observed during an experience of twenty-five years in practicing Intra-Uterine Medication, or washing out the uterus.

**LIQUID MEDICINES vs. ALKALOIDS.\*****By Pitts Edwin Howes, M. D., Boston.**

In several of the medical journals there appeared an article, written by me, entitled "Superiority of Liquid Medicines Over Alkaloids."

The fact that it has been copied extensively by the medical journals of the allopathic, homeopathic and eclectic schools is sufficient evidence of the interest which it awakened among the editors of medical literature. Many favorable comments have been received regarding the position there taken.

As far as I have been able to ascertain, the criticisms against it have emanated only from those who are the followers of the teaching of the Abbott Alkaloidal Company regarding the use of their preparations. Indeed, the most extended of these is from the pen of one of the editors of their journal, appearing in the February number of *The American Journal of Clinical Medicine*, formerly *The Alkaloidal Clinic*. By the way, if their method of prescribing the alkaloids is so far in advance of everything else known to the science of medicine, why have they dropped the word "alkaloidal" from their title?

The casual reader of the criticism on the editorial entitled "The Rounder" might think that some good points had been scored in favor of the alkaloids. The critical reader, however, who is familiar with the article which called the editorial into existence must admit that the larger portion of the argument is based upon the two weakest parts of all discussions, namely, sarcasm and ridicule. These are always the weapons of those who feel their logic is poor and their cause weak.

To the assertion that the article under criticism was written to aid any special manufacturer, I wish to make an emphatic denial. My intention was to show — and I still contend most positively that it does — the superiority of liquid medicines over alkaloids along three distinct lines, viz.: they are more easily absorbed, they exert their action more in conformity with Nature's laws, and they represent the product of Nature's laboratory.

Any one at all familiar with the laws of endosmosis and exosmosis must admit that such action only takes place with liquids. Hence, if solids are introduced into the stomach, they must be reduced to solutions before they can be taken into the blood and exert any effect. As soon as your alkaloid is dissolved it becomes a liquid and acts as such. The alkaloidalists recognize this fact when they make their solution before administering their drugs. There are many physicians, however, who prescribe the alkaloids in the form of tablets — more or less

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soluble — and these come under the head of solids, and must be treated as such.

Vast quantities of quinine and strychnine tablets, or pills, are consumed by the American people annually. It is a debatable question whether they do more harm than good. There is no doubt that many deaths have been hastened by their excessive use. The condition known as quinism is far worse than that for which the massive doses of quinine are frequently prescribed.

Many times the continued use of strychnine produces an extreme hyperemia in the vascular system, which tends to prolong, instead of shortening, the difficulty.

Liquid medicines exert their action more in conformity with Nature's laws, because they more nearly resemble Nature's method of reproducing her own products. Show me a single work of Nature, either in the animal, vegetable or mineral kingdoms, that is formed by the use of active principles alone, and I will be more willing to adopt the theory of exclusive alkaloidal medication.

There is no chemistry which is so complex as that which is found in Nature's laboratory. She makes use of no needless ingredients. They all have their use and are employed for some specific purpose. Therefore, when we employ remedies made from plant structures instead of plant fragments to restore the loss of equilibrium in man's physical condition, we are working along the lines established by Nature herself, and our efforts are more likely to be crowned with success.

The gist of the argument, however, in favor of the liquid medicines as opposed to the alkaloids is, that the former represent the *whole* plant, and the latter only a part, and possibly not the most important part at all.

Chemistry teaches us that sulphuric acid is represented by the formula ( $\text{H}_2 \text{S O}_4$ ). That this acid is composed of sulphur trioxide ( $\text{S O}_3$ ) and water ( $\text{H}_2 \text{O}$ ). Hence, sulphur would represent the alkaloidal principle of the acid, as the hydrogen and oxygen are simply gases when reduced to their free state. Would any intelligent physician prescribe sulphur with the expectation of getting the caustic effect of sulphuric acid? Again, drop a single atom of oxygen from your sulphuric acid formula and you have sulphurous acid, the effect and use of which is entirely different from that of the stronger.

If a slight change makes such a profound result in a comparatively simple chemical compound, how can you estimate the change which takes place when *all* the elements except the alkaloid are eliminated?

In the article "Superiority of Liquid Medicines Over Alkaloids," I asked this question: "Who would be rash enough to assert that all the good of cinchona lies in the quinine, or of nux in strychnine?" My alkaloidal editor answers: "Only about nineteen-twentieths of the medi-



cal profession ; and not one-hundredth would attempt to secure from the crude plants the benefits obtainable from these two alkaloids." That may be *his* opinion, but I am not ready to accept it as that of the profession at large.

It belittles the use of nux vomica and cinchona in a way that is not at all compatible with the facts as known by those who are most expert in their use. Nux vomica has a place in the practice of medicine that is infinitely larger than the *legitimate* place of strychnine. Strychnine is primarily a heart stimulant, and should be confined to stimulation of the muscular fibers of that important organ. Even here it should be used with care and moderation, for its excessive use will, most likely, produce undesirable results.

Nux vomica, on the other hand, has a wide range of action. The entire digestive tract will feel its beneficent action. Therefore, the use of nux vomica would naturally be as extensive as that of strychnine — with its contracted realm of action — would be restricted.

This may seem strong language to those who have not made a study of nux vomica, and do not understand what can be done with this remedy in large and small doses. I believe, however, that over nine-tenths of all eclectic and homeopathic physicians, and not a few of the allopathic, would bear me out in these statements.

Our alkaloidal editor — he did not sign his name — also tells us that "Nature regulates the plant physiology for the sake of the plant, and not for a supposititious human being who is to be created some millions of years later." Has he forgotten the fact that the fauna of each cycle of the world's history are adapted to that particular period in which they are found? That it would be as impossible to find the plants of our period in those of prehistoric times as it would be to find the animals of that age in the world to-day! Vegetation on the earth's surface has ever been adapted to the needs of the animals living thereon. Hence, it is not "poetic or superstitious," but most emphatically practical common sense, to assert that the medicinal qualities in plants of the present time were intended for the use of those now inhabiting the globe.

The whole history of the eclectic school of medicine is a proof of the truth of this statement. They have always used, in their investigations and treatment of diseased conditions, the preparations made from the entire plant. In the past seventy-five years they have collected and formulated a vast amount of practical knowledge upon the use of the indigenous remedies of our country. The value of their work is just beginning to be appreciated by the medical profession at large. Their method of cure is being more extensively practiced than ever before.

As these deductions have been drawn from experimentation with the whole plant, and not with plant fragments, it ought not to be expected

that their drug indications would serve as a guide for alkaloidal administration. That this is attempted any one can readily satisfy themselves by reading the literature on the subject of alkaloidal medication.

I am accused of doing my colleagues a "*gross injustice*" when I claim that their freedom from therapeutic nihilism is due to their use of liquid medicines. That statement has been made many times before in Eclectic medical literature, and has never been questioned. It remains for the alkaloidal editor to be the *first* — as far as I know — to raise the question. How far his interest in the Abbott Alkaloidal Company caused him to make such a statement I leave for him to determine.

The alkaloidal craze was fought out in the Eclectic school during the "fifties," long before John Uri Lloyd was identified with the manufacture of medicines.

My acquaintance among my colleagues is quite extensive, and I have yet to learn of a single one who has abandoned the use of the liquid medicines for that of the alkaloidal principles.

Enough has been said to counteract the statements in "The Rounder," as published by our alkaloidal editor, and I am willing to leave the result in the hands of a discriminating and intelligent medical profession.

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## Seton Hospital Reports.

PROF. L. E. RUSSELL, SURGEON.

CASE 97.—Referred by Professor Lyman Watkins. Lady about thirty years of age, a nurse in one of the county institutions until recently, when she was discharged from the care of the sick, as a microscopical examination of the sputum showed tubercular bacilli in large numbers.

The patient, on examination, showed some emaciation, and a greatly enlarged abdomen, equal in size to a twenty-pound tumor. There was soreness across the lower abdomen, and a marked rise of temperature.

This was a well marked case of tubercular invasion of the omentum, and all the peritoneal covering of the abdomen, with adhesions of intes-

tine to intestine and to the abdominal parietal wall. Laparotomy was suggested as the only means of rescue in a case so far advanced as this, and after the patient had been in the hospital and properly prepared, we made an incision four inches long in the median line. It was almost impossible to get into the abdominal cavity, the adhesions were so dense, requiring a flaying of the agglutinated tissue to tissue. Iodoform gauze was inserted in four different directions in the abdomen, and each day a ten per cent. emulsion of iodoform in glycerine has been introduced to the amount of two or three drachms daily. Patient showed marked improvement from the start, and now we feel certain that she will make a perfect recovery, and become immune to the further invasion of the tubercular lesion.

CASE 98.—Mrs. C., aged thirty-five, mother of two children. Patient referred to the Clinic by Dr. C. F. Dodds, of Hartford City, Ind. The patient had been under the observation of her physician for over a year, on account of a lesion of the left breast. She had consulted quite a number of physicians, and the different views of this lesion to the diseased mamma has brought the patient to this Clinic for consultation and action. The great pathologist, Sir James Paget, of London, first gave to the medical world his first rule of observation in lesions of the breast, and this was as follows: Has the diseased breast at any time developed an eczema around the nipple and in the tissues immediately surrounding the same? Has there been a *retraction of the nipple* following this eczema? If both questions were answered in the affirmative, the pathologist concluded that the evidence of malignancy was fairly well made out, and advised immediate surgical interference.

Applying this rule to this case, let us ask the family physician if this case has shown the eczema or retraction of the nipple. Dr. Dodds says, "Yes, both conditions."

We now make our examination, and we find the doctor quite right. Here we have the retracted nipple in the center of the mamma to such an extent that the nipple seems almost lost; it is also bound down, and surrounded with an indurated and hardened zone, and this condition extends out into the tissues, including fully three-fourths of the whole mamma.

Let us compare this breast with the one on the opposite side, as you will remember the rule, whenever in doubt and it is possible to compare parts for pathological conditions, it will be of some advantage. We see the breast on opposite side normal in size and general appearance, and on massage free from adhesions, or a scirrhus or hardened condition. It seems to me that by this method of comparison we can in an instant answer the question in regard to malignancy.

What I wish to impress on you as the earliest condition that gives you warning of the approaching malignancy is the condition of *eczema*, a pathognomonic symptom, which has been given to the pathologist as "*Paget's breast, or Paget's disease of the nipple.*"

This eczema of one breast and retraction of the nipple gives you the earliest warning, and you have a right to act promptly, as delays in diagnosis of these lesions of the breast result so disastrously.

Let us make an incision along the outer edge of the great pectoralis major muscle, extending the cut upward and out on the arm, so that we may open up the axilla and freely expose the dissection at this point.

We next extend the dissection downward over the breast to a point two inches below the normal apparent line of the inferior margin of breast. An elliptical incision over the summit of the breast completes the surface lines of the incision. The dissection is now over the breast, between it and the skin, keeping away from diseased tissue.

The next dissection is under the breast, and in its removal we take all the fascia of the pectoral muscles, and extend the dissection up into the axilla, taking all glands.

The wound will be closed with intra-dermic sutures, and we shall get union by first intention throughout the incision.

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### **SURGICAL SUGGESTIONS.**

A point worth remembering in the diagnosis of nephrolithiasis is that red blood cells are almost always found in the centrifugalized sediment in the urine, even in the interval between attacks of colic.

In performing paracentesis in the median line for abdominal fluid, be sure that the bladder is empty. When it is necessary to perform paracentesis in the lateral part of the abdomen, be careful to avoid the deep epigastric artery.

In aspirating the chest, see to it that the syringe is in good condition before inserting the needle. Never apply the syringe to the needle after the latter has already been inserted; a severe pneumo-thorax may result. If the syringe is found to be out of order after the aspiration has been done, withdraw the needle also and re-insert.

If a patient begins to vomit long after a radical operation for carcinoma of the stomach, do not jump to the conclusion that the cause is a local recurrence. It may be a metastasis in the brain.

Before performing curettage always make a final bimanual examination of the uterus in narcosis. The finding may determine some other form of treatment. Again, after curettage, before allowing the patient to get out of bed, carefully examine the pelvis for a possible exudate.

**Monthly Retrospect**

—OF—

**ECLECTIC MATERIA MEDICA AND THERAPEUTICS.**

BY HARVEY WICKES FELTER, M. D.

APOCYNUM IN EPILEPSY.—Dr. Leonard Bailey, of Middletown, Conn., reports (*The Eclectic Review*) the case of a woman suffering for a long period with epilepsy, from one to three attacks a week, some daily, being experienced. She had received the various bromides in abundance without relief. She was put upon Specific Apocynum, gtt. xxx, to water ℥iv, the dose of which was a teaspoonful every three hours. No return of the convulsions has been noted, and the patient's health has in every way improved. Specific Apocynum is prepared from *Apocynum cannabinum*. Heretofore this was also the official species, but in the recent revision of the United States Pharmacopœa, the official drug is made to include this and other species of Apocynum. This should be remembered when prescribing for the specific indications as set down for Apocynum in Eclectic therapeutics. Our school has always maintained that there is a difference in action between the species of Apocynum—the *Apocynum cannabinum* and *Apocynum androsæmifolium* being the species usually employed. The indications for "Apocynum," however, have been evolved from the first named; therefore the pharmacopœal tincture is not likely to meet the object of the prescriber.

LUPULIN.—Several years ago lupulin was a favorite and extensively used medicine in Eclectic practice. In more recent years but little has been written concerning it. Some interesting observations have been recently made upon the history and therapy of lupulin by Dr. Thomas F. Reilly, of New York City (*The Journal of the American Medical Association*), who has sanely studied the drug, and his observations signally accord with those long advocated in Eclectic medicine. He refers to its very ancient place in medicine, and states that up to the last century it was used for almost every variety of pain or disease. Scrofula, struma and skin affections were treated with it before the iodides came into use. In 1852 the French genito-urinary surgeons extolled it, and then it sank into oblivion (in regular medicine). Dr. Reilly attributes the failure of lupulin to obtain a foothold in therapy to the use of poor or inert lupulin. From investigations made by himself and Dr. Stern, the lupulin from hops grown in this country is worthless, only that coming from Saatz, a little town in the center of the hop-growing industry in Bohemia, producing a product of therapeutic usefulness. Lupulin occurs in granules, greasy to the touch, is inflammable, and emits a peculiar odor. Lupulinic and

humulic acids and a volatile oil are its constituents, the latter giving the peculiar aroma, while the bitterness is due to hop-resins rather than to alkaloids. "The resinous oxidation principle of lupulinic acid is inimical to the growth of lactic acid," he says, "but has no effect upon butyric fermentation." In effects he finds lupulin to create gastric and abdominal warmth, to act as a mild diuretic, to produce sleep and relieve pain. Its active principle is closely allied to valerianic acid, and its pain-relieving power belongs to that class of which valerian and black haw are representative. The use of beer in which hops were an ingredient was prohibited in England from 1050 to 1530, on account of its hypnotic influence. Twenty grains (in capsules) repeated every half hour, he found of especial value in the insomnia and nervousness following a mild debauch. Then it acted well upon the gastric tract as well as in controlling tremor and restlessness. In some cases tincture of capsicum was used with it. Its pain-relieving quantities are mild and efficient. In children it is preferable to opium, while for old people, with advanced kidney disease, it may supplant opium when a narcotic is necessary. Intestinal pain, not due to peritonitis, is often relieved by it, and it is of great service in the colic of children. For the painful conditions accompanying acute prostatic disease it is highly praised. Its calmative influence in hysteria and neurasthenia, in which it lessens irritability and promotes sleep, relieves occipital headache and pain when present in such subjects, as well as the functional backaches and menstrual pains of the neurasthenic. Dr. Reilly gives the dose as 10 to 60 grains, repeated every half hour, given preferably in capsules. He prefers its employment over that of the coal-tar derivatives. In this connection note what he writes: "In this era of a high-tension civilization the practitioner is not infrequently brought face to face with the treatment of pains and aches and insomnias which are not in themselves severe, and do not have any organic disease as a cause. These patients are neurotic and high strung, and are not suffering enough to demand the use of an opiate, and yet in these very people habits are easily formed. The coal-tar series of the past decade has seemed the surest way out of such a dilemma. The laity know it as well as we do, and act accordingly. Now that the formation of a coal-tar product is generally recognized, it will probably be a major problem in the next generation. Any one who has seen the cyanosis, palpitation, etc., following the use of any of these agents in some people must conclude that they are not in any case without some harm, however slight it may be. In many of the cases described above in which we are tempted to use the coal-tar series, we may substitute lupulin, and we may go home and sleep soundly, confident that the patient will have been, in a measure, relieved, and



that he will not be found dead in bed the next morning, as has not infrequently happened when an acetanilid powder has been taken to soothe his nervous complaints."

The foregoing partially abstracted and partially verbatim statement of the therapy of lupulin brings out forcibly three emphatically significant facts. First, a good drug must be employed, for the failure to use good lupulin has brought a good drug into disrepute. A product free from light and heat, and not old, must be selected. Secondly, the therapy as worked out in clinical trials support and strongly indorse the claims made by Eclectic specific medicationists for many decades, and the author's own wording of the article sounds familiarly Eclectic—so closely parallel are his therapeutic phrases and those of prominent Eclectic authors. Thirdly, no Eclectic could better have stated his position in regard to the use of the coal-tar derivatives in functional nervous and painful ailments than the author has here done for him.

Lupulin has for many years now occupied a prominent place in Eclectic therapy. The same caution that Dr. Reilly has presented has been offered time after time—"use good medicines." Let us refer to the specific uses for lupulin as recorded by Professor Scudder in his first edition of "Specific Medication," and mark how well it tallies with the conclusions recorded by Dr. Reilly as the results of his clinical study of the drug. Professor Scudder wrote:

"The yellow powder separated from the strobiles of the hop may be administered in doses of one to five grains to relieve irritation of the nerve centers, to give rest, and procure sleep. In some cases where the irritation is due to sexual excitement, or abuse, lupulin exerts a very good influence. A tincture of the hop may be occasionally employed in dyspepsia, with restlessness and a disposition to brood over troubles. It may also be used following a meal, when the food undergoes fermentation, giving rise to unpleasant eructations."

In the discussion of Dr. Reilly's paper the fact was brought out that there is no intestinal antiseptic among the 500 phenol or benzene derivatives that approaches that derived from lupulin, with about five per cent. of alcohol in the form of an amber liquid. Dr. Hallberg, who offered this statement, believes it the best intestinal antiseptic there is because it adds five per cent. natural alcohol to its antiseptic properties. It will be observed that Eclectics long ago advocated it in fermentative states of the stomach. In one of the German congresses a dozen years ago, Professor Quincke declared that during an epidemic of cholera in Hamburg no one who partook of beer died of the disease. This he attributed to yeast. But, as there is no yeast present in beer, Dr. Stern believes the good effects were due to the lupulin present in the beverage.

**AN OINTMENT BASE.**—The advantage of a non-irritating ointment base and one that does not stick to the skin and dressings, and which will not harden, is apparent. As such a base Dr. Henry F. Moore (*Chicago Medical Times*, March, 1906) employs the following: Take of Bermuda arrow-root, powdered gum acacia, purified sugar of milk, of each, one ounce; water, glycerine, of each, one ounce; mix; heat slowly, keeping the temperature about 160° to 170° F. for one or two hours, stirring meanwhile to keep it from forming lumpy masses. With this such agents as boric and salicylic acids and other compounds to be used in skin affections may be incorporated as with other ointment bases.

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**ECHINACEA IN GONORRHOEA.**—Dr. L. F. Bugg (*Modern Eclecticism*, October, 1905,) reports unfailing results in the treatment of gonorrhœa, in the incipient stage, with the following: *℞*.—Specific Echinacea  $\mathfrak{z}$ iii., Bismuth Subnitrate  $\mathfrak{z}$ i., water q. s.  $\mathfrak{z}$ iv. *Mix.* *Sig.*—Shake well, and inject two or three times a day.

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### Periscope.

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#### TREATMENT OF ECZEMA.

A Ravogli, A.M., M.D., of the Cincinnati University, in the *Medical Brief*, elegantly describes the treatment of eczema as follows:

In an acute form of eczema, when redness and swelling of the skin is associated with burning and itching sensation, usually a simple application of an absorbent powder, as talcum, rice, amylum with some oxide of zinc, or one per cent. of boric or salicylic acid, often repeated, will answer the purpose. If there should be also some oozing, the powder will form a kind of paste and protect the excoriated epidermis, prevent the breaking of the vesicles, and the acute inflammatory process will gradually subside. In cases of eczema intertrigo, the natural folds of the skin must be separated with strips of lint or absorbent cotton.

In some cases the simple application of powder does not relieve the inflammation, and bathing with solution of two per cent. of subacetate of lead or of aluminum is found useful to diminish the inflammation. But as soon as the purpose has been obtained it has to be stopped and dry applications resumed. In a general way moist applications macerate the epidermis, and for this reason are not so beneficial in eczema.

In these cases, as a sedative lotion, it will be found a mixture of calamine in the following proportions:



℞—Pulv. calamine prep., zinc. oxid. of each, ℥ij; glycerine, aq. rosæ, of each, ℥iss.

This is applied on the surface with a camel's hair brush, or with strips of lint dipped in the lotion.

In cases of an acute eczema with deep excoriations, accompanied by abundant serous discharge and unbearable itching sensation, the use of the ichthyol in liniment form will be found beneficial in many cases.

℞—Ichthyol, ℥ij; olei amygd. dulc., aq. calcis, of each, ℥iv; aq. rosæ, glycerine, of each, ℥j.

This is applied on strips of lint saturated in the liniment, and the dressing is changed twice a day. Ichthyol cornifies the young epidemic cells of the corpus mucosum and forms a temporary protection to the papillary layer. It diminishes the exudation and relieves the itching sensation. The surface is washed with a mild solution of one per cent. of carbolic acid or of borate of sodium before the liniment is applied again. Cleanliness is necessary for eczema, and it has to be greatly reproached by some kind of superstition spread by general practitioners among the people, that eczematous surfaces have not to be washed. On the contrary, eczema has to be cleansed as stated, and if the water should be an irritant, olive-oil could be resorted to.

When the excoriations begin to heal up and the irritation has ceased, it is necessary to apply some mixture which may protect the young epidermic cells, giving them time to be reproduced; may prevent the exuded serum to form crusts, and, at the same time, may possess certain anti-parasitic properties. For this purpose pastes are applied as continuation of the treatment. Lassar's paste is very useful and a good composition:

℞—Acid, salicyl., gr. x; zinc. oxid, amyl, of each, ℥ij; vaseline, ℥j.

To this mixture we often add one drachm of sulphur, which has good antiparasitary action. It is spread on the affected parts, and is easily removed, wiping it off with a little olive-oil.

In cases of pustular eczema of the scalp or of the beard, a salve with white precipitate has given us good results.

When the inflammation has subsided, the excoriations and the fissures have healed up, the infiltration has diminished, then the application of tar becomes useful:

℞—Unguent. picis liquid, ℥iij; zinc. oxid., ℥iss; unguent. aq. ros., ℥iv.

In a great many cases the old Wilson salve will be found greatly beneficial. Sometimes it seems that every application increases the

trouble, and a few applications of this innocent salve have given very satisfactory results.

When the eczema has healed up, but the skin remains tender, itchy, easily cracks, the application of a solution of carbolic acid is very beneficial.

R—Acid carbolic, glycerine, of each, ʒj; aq. rosæ, alcohol, of each, ʒiij.

With a moist cotton tampon the skin is gently rubbed, then dried and dusted with rice or amylum powder.

It is necessary that the local treatment of eczema be associated with a hygienic and internal treatment. For this purpose the physician must study the condition of the general system of his patient and also his habits of living. In so doing he will detect troubles of the digestive organs, of the excretory functions, or of the general nutrition, or of defective metabolism, or of dietetic errors, which often are the true causes maintaining the eczema.

In chronic forms of eczema, when the skin is thickly infiltrated, hard, inelastic, covered with hard epidermic scales, which conceal deep rhagades, the treatment must be rather of an irritant nature, so as to be able of producing the reabsorption of the exuded elements. The soap of potash, green soap, finds good application to dissolve and remove the epidermic masses, and as an irritant to produce the reabsorption. It is rubbed on the surface, left for ten minutes or more, and then is washed off. As permanent application the old Hebra diachylon in some cases, mixed with ichthyol, one drachm to one ounce, has given gratifying results.

In cases of this kind, if the green soap does not produce the desired effect, we can resort to a strong solution of caustic potash soda to remove the thickened epidermis. The rhagades must be touched up with a solution of nitrate of silver from three to six per cent, to obtain their healing.

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### CHIMAPHILA UMBELLATA.

*Chimaphila umbellata*. N. O. Ericaceae. Common names, Pipsissewa, princes pine, ground holly, wintergreen, is indigenous to the northern temperate regions of both hemispheres. It grows in the United States in dry shady woods. It is a creeping evergreen perennial plant, with a rhizome giving off erect and semi-recumbent stems four to eight inches high; its leaves are dark green, not mottled, two or three inches long and about one-fourth as wide. Its flowers are purple and are in bloom from May to August. The leaves have no odor when dried. When the fresh leaves are rubbed the smell is

fragrant, the taste astringent, sweetish and not disagreeably bitter.

The active properties of the plant, chimaphelin and arbutin, are extracted by boiling water and alcohol. *Chimaphila maculata*, spotted wintergreen, which has olive-green leaves, veined greenish white, has similar properties, and might be used for the same purposes as pipsissewa. Dose: Ellingwood, fluid extract m. 30-120; specific m. 5-60; Fyfe, fluid extract m. 30-60; specific m. 5-60. The infusion of one ounce of the whole plant to one pint of boiling water, dose 1 to 4 ounces, three times a day, is the best method of administering it.

Peacock (*Am. Jour. Pharm.*, 1892) says that he could not get chimaphelin from the fresh plant, but obtained it in the ordinary way from dry by distilling with water; in 1895, however, Ridenour obtained it from the fresh plant.

Medicinal uses.—It has marked alterative qualities, waste and nutrition being greatly influenced. It is a tonic and a diuretic, removing dropsical effusions, and is specially useful in lesions of the skin and lymphatic glands. It may be given in scrofula, chronic rheumatism and nephritic affections. It removes irritation of any part of the urinary tract, the more pronouncedly catarrhal the condition the more valuable the drug. In short, it may be given with the expectation of relief in any disease of the kidneys, inflammation of the bladder or urethra, enlarged prostate, suppressed, ropy or bloody urine. It is useful in hectic fever, with night sweats, and in typhoid.

Its specific symptomology is glandular lesions with urinary disarrangement, and, since it seldom disagrees with the stomach, it is one of the most valuable remedies known for these conditions.

The fresh leaves bruised, when applied to the skin, are rubefacient. The drug goes well with saw palmetto, and is a vehicle and adjuvant to hexamethalme-tetramine.—*The Eclectic Review*.

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### SPECIFIC MEDICATION.

The young Eclectic who wishes to become a successful practitioner of specific medication should constantly bear in mind the importance of becoming well grounded in the normal processes of life, for in specific medication an endeavor is made to adapt therapeutic means to rational ends. In the practice of this system of medication the prescriber must possess a good knowledge of physiological processes, in order that remedies may be properly applied and adapted to the needs of the system. This knowledge is absolutely necessary if we hope to promote the performance of vital functions and avoid injury to the general system. The practitioner of specific medication must be a close observer of physiological, as well as pathological processes,

and a painstaking student of details. The specific medicationist must learn the language of health as well as that of disease, and be able to interpret them at the bedside. Symptoms, when correctly understood, may be taken as unerring indicators of the nature of departures from health. A certain symptom—disease expression—is always indicative of a certain wrong of life. All physicians are guided by symptoms in making a diagnosis, or, in other words, in their attempts to ascertain the nature of the sickness afflicting a patient. As is universally conceded, symptoms direct us to a correct diagnosis, and they are equally reliable as guides to the needed remedial agent. The student should remember that each of these symptoms manifest to our senses a certain part of the morbid phenomena which we call a disease. Instead of attempting to treat all of these symptoms—the sum total of the disease—at the same time, regardless of their separate characteristics, the specific medicationist should give but little attention to the disease as an entirety. While it is, in many ways, desirable that all diseases should be carefully diagnosed in accordance with the generally accepted nosology, such diagnosis should not be allowed to govern the treatment. On the contrary, before prescribing the disease must be carefully analyzed and divided into its component parts, as they are manifested by the symptoms. The condition of the blood must be inquired into, and the frequency of its circulation ascertained. The temperature, the secretions and excretions, and the power of digestion also must be given careful attention. These, as is well known, vary greatly in different cases of diseases of the same name. These variations must receive thoughtful consideration, and the case treated in accordance with the varied conditions of each individual patient. In considering the frequency and condition of the circulation, the fact must be recognized that the circulation may be feeble, as well as it may be strong, that the pulse may be hard or soft, sharp or oppressed, giving evidence of troubles other than frequency, and that these varied conditions of the circulation each require special treatment.

Each of the component parts of the patient's illness having been duly and thoughtfully reviewed in this systematic manner, the indicated remedy is readily selected with an unusual degree of certainty.—*The Eclectic Review*.

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It is not sufficiently established that the character of the crystals found in the urime indicates the presence or identity of lithiasis in the urinary tract. When cystin crystals are constantly found in the sediment, however, if symptoms of lithiasis are present, the stone is probably made up of cystin.—*Am. Jour. Surgery*.

**DIAGNOSIS, ERRORS IN.**

In discussing errors of diagnosis, the writer considers first those arising from the mistakes in the interpretation of symptoms. Fatal cases of angina pectoris associated with extensive fatty degeneration of the heart are often overlooked and the pain attributed to myalgia. The occurrence of vomiting is often of great importance; cases of cerebral hæmorrhage ushered in by vomiting are often looked on as mere dyspepsia. A symptom that is often overlooked is the occurrence of retention of urine or local or general peritonitis which is running a latent course. A far more important cause of error in diagnosis is the very frequent presence of serious organic disease without the occurrence of symptoms of sufficient intensity to attract notice. General suppurative peritonitis, dependent even on perforation, may be present without the cardinal symptoms — pain and vomiting. Cerebral tumor, abscess of the brain, and cerebral aneurism may all reach a high degree of development without the presence of any noticeable symptoms. Pleural effusion is especially apt to run a latent course — one whole side of the chest may be full without symptoms. Gastric ulcer, cirrhosis of the liver, tuberculous peritonitis and renal disease are also instances of serious organic disease liable to run a symptomless course. The most important source of error with regard to the interpretation of symptoms arises from the attribution of acute symptoms to the onset of acute diseases, whereas in a very large number of instances acute symptoms arise in the course of chronic disease. For instance, sudden acute intestinal obstruction occurring in those apparently healthy is sometimes dependent on obstruction produced by chronic tuberculous peritonitis. Sudden paraplegia, simulating an acute transverse myelitis, may occur in such chronic and progressive diseases as malignant disease of the spine or aneurism. Mistakes in diagnosis arise not only from want of examination, but also from the want of repeated examination. This latter is necessary because in organic disease the signs are sometimes transitory, or, at any rate, not persistent. The physical signs of disseminated sclerosis — the ankle clonus, the diplopia, and even the hemiplegia — are often variable and transient in their occurrence.

The erroneous interpretation of physical signs is another very common source of error; this applies especially to the chest. Mimicry of organic by functional disease often leads to mistakes, as in functional and hysterical palsies on the one hand, and in disseminated sclerosis on the other. In another group of cases inflammatory mischief in the chest simulates acute abdominal affections, such as peritonitis. Another potent cause of error in diagnosis arises from the fact that many common diseases are apt to exist in anomalous form. Some errors are

dependent on treatment ; the too ready administration of morphine often hides the signs of abdominal disease ; meningitis may be erroneously diagnosticated in phthisis where the trouble is due to atropine given to relieve cough. Alcohol may be pushed to such an extent as to produce coma, which may be regarded as dependent on the underlying disease.—*J. R. Bradford (British Medical Journal, June 10, 1905).*

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## PUBLIC HEALTH AND FORENSIC MEDICINE.

A Jacobi (New York) says the treatment of tuberculosis should be hygienic, dietetic and medicinal. Pure air and good food, and enough of it, are indispensable. That is what sanatoria are erected for. But their number is small compared with the vast number of cases of incipient and advanced tuberculosis. It is mainly the latter that disseminate and propagate the disease ; it is these patients who should be taken care of at public expense in behalf of the protection of the public at large. Removal from the airless and lightless dwellings of large cities is, when possible, a necessity. Young men with no families depending on them should be advised to go south or southwest and to make a living there. Advanced cases, and those patients unable to find work, among the poor, should not be told they must leave. They have not the means to travel or live in "Colorado," "Denver," "the mountains," and to tell them, as it is done too often, their case is hopeless unless they change climate immediately is reckless and cruel, and unworthy of a physician not deprived of conscience and humanitarian instinct. A poor consumptive, when about to die, should rather die among his own than in the streets or the attics of a strange town thousands of miles away. Even the tuberculous and the consumptive patients (the terms are not synonymous by any means) may be benefited at home. Cod-liver oil is probably active beyond its effect as a fat. Arsenic is a good tissue builder and may be given in moderate doses (the trioxid-arsenous acid) for many months in succession. It has been considered as a "nutritive" for generations. Cardiac stimulants should be taken regularly for indefinite periods. For fifteen years past guaiacol has been given by the author in thousands of cases with good results. Expectoration becomes more mucous, cough looser, and weight increases. Max Schöller, who has introduced guaiacol into the treatment of tuberculosis forty-five years ago, employs it also in tuberculosis of the bones and joints, internally and, with iodoform and glycerin, in injections. Lately he published two bad cases of renal tuberculosis which got well under protracted guaiacol treatment without an operation. The author never relies on local treatment alone in chronic osteitis and arthritis.—*American Medicine, December 23, 1905.*



GONORRHEA: *Thuja*.—No remedy is so closely related to acute or chronic gonorrhea as *Thuja*. The urethral discharge gives no keynote indications, but the concomitant phenomena of the urinary organs are characteristic. There is hardly any disturbance in micturition or urine which is not also found in *Thuja*. The urine may be abundant, pale, clear on passage, or scanty, dark, cloudy, sedimentary. It leaves a slimy deposit on the vessel. The odor is offensively sweet or onion-like, pungent, biting. With it the patient has burning and cutting in the urethra, especially after micturition, as in *Cantharis*. The urine may contain blood, albumin, gravel. Sometimes there is pollakiuria, sometimes long intervals between micturitions. There may be involuntary urination, day or night, and the history of gonorrhea is seldom absent.

Any *Thuja* case without urinary complications is an exception to the rule.—*Dr. Oemisch. Zeitschrift des Berliner Vereines.*

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### SURGICAL SUGGESTIONS.

Do not ligate tumors of the navel without making sure that intestine is not included within the ligature.

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Punctured wounds about the knee should be treated with the greatest solicitude and attention to asepsis, in order to prevent infection of the joint.

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In operating for loose bodies within the knee-joint, do not be satisfied with removing but one body; a careful examination should be made to determine the presence of more, for they are very frequently multiple.

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Never advise an elastic stocking in cases of varicose veins where thrombosis exists. The pressure may detach a part or whole of the thrombosis, propelling it into the general circulation.

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In cases of head traumata, bleeding from the mouth or nose does not necessarily mean that the case is one of fracture at the base. The hemorrhage may be entirely due to a localized injury.

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If a swelling is "fluctuating," do not be too sure that it is not a solid growth. Lymphangiomata fluctuate.

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The appearance of emphysema in the tissues about an infected wound, accompanied by fever and escape of bubbles of gas from the wound, should be regarded as very ominous and indicative of gas bacillus infection. Such cases should be treated by extensive incisions.

American Journal of Surgery.

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## ROBERT CORBIN WINTERMUTE, M. D.

1861—1906,

Professor of Obstetrics and Diseases of Women and Children in the Eclectic Medical Institute of Cincinnati, died suddenly of cerebral congestion, at his home in Norwood, Ohio, April 15, 1906.



DR. R. C. WINTERMUTE.

This was the sad intelligence that flashed over the wires on Easter morn and brought sorrow and grief to the hearts of his many friends and former pupils. That his demise should occur so unexpectedly, and just as he had completed his year's work in the college, and upon the eve of her annual Commencement, is doubly sad. We are sure that the hearts of all Eclectics and of those who knew him best beat sympathetically and in silent grief for his surviving wife and parents.

Dr. Wintermute was born at Norton, Delaware County, O., June 27, 1861. At an early age he removed with his parents, who still survive him, to Mount Vernon, O., where he received his literary education, graduating with honor from Union College. In the preparation for his life work he placed himself under the preceptorship of Dr. A. P. Robertson, an Eclectic physician of ripe experience, and subsequently pursued a three-years' course in the Eclectic Medical Institute at Cincinnati, where he was afterward to become a conspicuous and able member of the Faculty. He obtained his degree in 1881, and began the practice of his profession in Delaware, O., where he soon became a prominent and vigorous exponent of Eclecticism. For two terms he



represented Delaware County as coroner, thus bringing not only his executive ability before the people, but creating also a favorable impression of Eclecticism. Becoming interested in the work of the State Medical Society he became an active worker in it, and succeeded in having its annual meeting of 1888 held in Delaware, where, through his preparatory efforts, one of the best meetings in the history of the society was held. At this meeting, in recognition of his work, he was honored with the election of the presidency for the following year. Infusing new life into the organization, and working indefatigably for the upbuilding of that body, he presided over the successful meeting at Akron in 1889. Subsequently he was, for many years, up to 1905, consecutively elected treasurer of the Ohio Society. He was also a member of the Central Ohio, the Cincinnati, and the National Eclectic Medical Associations, always taking an active part in the work of these bodies. His activity in State meetings and for Eclecticism brought him conspicuously to the notice of the trustees of his *Alma mater*.

In 1890, when the failing strength of Prof. John King compelled him to relinquish his long service of over a third of a century as a teacher in the Eclectic Medical Institute, his mantle fell upon Dr. Wintermute. The long-used and familiar text-book of the former, grown out of date, was at once taken in hand and revised by Dr. Wintermute, and to-day King's Eclectic Obstetrics, revised by Wintermute, stands as the standard text-book on the Obstetric art in all the Eclectic colleges. On the last day of his first year (December 31, 1890) as a teacher in his *Alma mater*, he was united in marriage to Miss Mary Arabella Cherry, of Delaware, who survives him. Dr. Wintermute early gave promise of ability as an instructor and eminently fulfilled that promise in his fifteen years of service in the college work. As a teacher he was painstaking and industrious, and popular with his students. He was fluent in speech and ably sustained the high rank which the Department of Obstetrics had acquired under his distinguished predecessor. As an Eclectic Dr. Wintermute was unwavering and unfaltering. He never lost an opportunity to serve her interests. The profession at large has lost a valued physician, medical teacher, and author in the untimely death of Dr. Robert C. Wintermute.

FELTER.

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### SEPTICEMIA OR PYEMIA.

Septicemia or pyemia, which have we? How often have we thumbed our dictionary when a student in order to fasten the terms sapremia, septicemia and pyemia in our memories. To-day the differentiation is only in a large measure classical; in fact, some say it is only of degree.

A case in hand has served to call our attention anew to these conditions, and necessitated some study of the subject of septicemia and pyemia.

The case briefly is thus: A felon of three weeks' standing on thumb of left hand. Lanced at first consultation, and dressed antiseptically with a wet dressing. Three days after, second consultation; cellulitis of hand; lanced under the influence of chloroform, and bone found denuded. Thecitis and cellulitis continued, with repeated evacuation of pus. This was in November and December. February 23, 1906, chill, fever, pleuro-pneumonia left lung. March 9, left parotid gland swollen, suppuration of same. Pus evacuated back of ear and below angle of jaw. Abscess, right lung. Temperature since attack of pleuro-pneumonia subsided, normal; pulse ranging from 80 to 102. Urine dark, scanty, large deposits of phosphates, but no albumen. Emaciation extreme. What have we? We will leave you to form your own judgment. The symptoms are not typical of either condition named above, nor do they fulfill the full requirements of the definition of either.

Foster in his "Encyclopedic Dictionary" defines pyemia thus: "A febrile disease, supposed to be due to the absorption of pus or its constituents into the blood. It usually follows suppurative wounds, suppurative inflammation of bone, or the puerperal state, and results in the formation of secondary abscesses in the viscera, joints and connective tissue.

"Septicemia, a constitutional, generally acute disease, popularly termed blood-poisoning; due to the absorption of various putrid substances into the blood, which are supposed to act as ferments and so to change it that it can not fulfill its physiological function."

Hare affirms the distinction is dependent upon antiquated ideas of septic process, and says blood infection is due to the presence in it of bacteria, "bacteriemia," or to the entrance into the fluid of poison made by micro-organisms not in the circulation, "toxemia."

Anders, in distinguishing them, says septicemia is due to the introduction into the system of the products of putrefaction (sapremia) or to a microbic invasion of the blood and tissues (true septicemia), with or without the presence of a local seat of infection. Pyemia, on the contrary, is invariably associated with suppuration.

Osler defines septicemia as a febrile infection, without foci of suppuration, resulting from the absorption of toxic materials produced by bacteria. Pyemia he defines as a general disease, characterized by recurring chills and intermittent fever and the formation of abscesses in various parts, the contamination of the blood resulting from the absorption of products produced by the bacteria of suppuration.

Thompson, while describing them separately as distinct diseases, makes the following observation: "Pyemia and septicemia were described twenty years ago as separate diseases, but modern bacteriological research has shown them to be of essentially the same in origin, differing rather in intensity of symptoms. Pyemia may, therefore, be defined as septicemia plus multiple abscess formation."

This latter view agrees practically with our own experience. The case cited has run an afebrile course. Had but one chill, which preceded the pleuro-pneumonia. This fact agrees with neither of the diseases as defined in our text books. The abscess formation, prostration, emaciation and icteroid hue of skin are typical of pyemia.

We recall a similar condition seen some years back, following an osteo-myelitis of the clavicle. The chill and fever were typical during its prevalence, but the abscess formation following was not characterized by the typical chill and fever so frequently seen in pus formation.

In each of these cases we evidently had septicemia to begin with, as we had the chill, febrile reaction and prostration; the abscess formation occurring later. We often fancy many of our subdivisions and classifications are rather far-fetched. Be that as it may, it is the atypical case which causes us to study, rather than the typical. We all recognize also how one condition imperceptibly passes into another. Why not with septicemia and pyemia? MUNDY.

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### THE HEART IN PNEUMONIA.

The other day our Health Commissioner of the city of St. Louis died of pneumonia after a desperate fight for his life, on the part of himself and his attending physicians.

Among the remedies used in their efforts to save his life was pure oxygen. Laboring under a false idea that he was dying for want of air, they sought to save him by supplying oxygen to the blood. They failed, as a matter of course. Oxygen never saved the life of a patient suffering with pneumonia. This man died, not because he lacked air, but because his overworked and much abused heart grew tired and decided to rest.

An excessively high temperature is a prominent symptom in pneumonia. The usual method of treatment is to reduce it. Bodily heat is a result of certain vital operations, and variations of convertible forces. The potential energy either residing in or imparted to matter is capable of being converted directly or indirectly into heat. Muscular tension or contraction increases the production of heat. Potential energy is converted directly into heat by oxidation, and indirectly by motion. In fevers an abnormally large proportion of the potential

energy of the organism is converted into heat. Mechanical force, or kinetic energy, may be converted into heat. An obstruction in the path of a moving body causes heat, the degree being measured by the resisting power of the obstructing object and the weight and velocity of the moving body.

In pneumonia there is obstruction of motion in that a portion of lung area is engorged and congested, thus lessening the area through which the blood moves, hence the rise in temperature which must remain above the normal until the affected pulmonic area is restored to its normal condition by removal of the obstructing blood.

The mechanism of the circulation of the blood is pretty well understood, and it is readily seen that, as all the blood in the body must be forced through the lungs in a given time and by means of a certain number of heart contractions, it will require certain modifications of action in this organ in its propulsion of the blood through the lungs if they are in a state of pneumonia congestion. To illustrate, let us suppose that the body of an average person contains fifteen pounds of blood, which is forced through two hundred and thirty cubic inches of lung tissue in forty seconds by forty-five contractions of the heart. Now destroy the permeability of nearly one-half of one lung—fifty cubic inches—and we find that the same volume of blood must be forced through this restricted area of one hundred and eighty cubic inches instead of the two hundred and thirty cubic inches as in health, and in the same length of time, or nearly. The result is that the heart, or forcing pump, must change its rhythmic period and also its contractile force, which it does as evidenced by an accelerated action and increased power. The increased action and power tend to weaken and exhaust the heart, and any agent which interferes with its work by retarding its motion will ultimately cause it to stop if repeated often enough. Therefore, any agent administered to a patient with pneumonia for the purpose of suddenly lowering the temperature must necessarily interfere with the motive power which, in this case, is the heart. The temperature in pneumonia rises to a high degree, owing to the pulmonic obstruction. The usual practice is to administer remedies to reduce the temperature. The effect of such treatment is to cause a weak, irregular heart action, with its consequent cyanosis and insufficient aeration. The volume of blood in the lungs is lessened, the weakened heart is incapable of forcing the blood out of its cavities, it rapidly loses its contractility, and dies. But before this happens the doctor finds alarming conditions, due to the effort to lower the temperature, and hastens to correct them by means of stimulation to the wobbly heart. For this he uses digitalis, strychnia, nitroglycerin, etc., in the hope that he may sustain the circulation. The heart responds to the

treatment at first, but the temperature again goes up. Again it is sought to lower it, and again the heart weakens, only to a greater extent than before. The patient is now firmly fastened on the see-saw of depressant and stimulant, and it is not long until the symptoms become so alarming that the doctor turns to oxygen in his effort to save the patient's life. But by this time the heart has exhausted its energy, and the patient dies. This usually happens in from three to five days.

There has not been a case of pneumonia the past winter, where the patient has been of sufficient prominence to gain the notice of the daily press, that has recovered. One can draw his own conclusions.

Emphatically, oxygen will not save the life of a patient whose life forces have been exhausted by a treatment which includes *anti-pyretics alternated with cardiac stimulants*. Decidedly, give us a few grains of common sense alternated with some crude ideas of mechanics in the treatment of pneumonia, and we will be willing to wager our head that ninety-five per cent. of all cases of pneumonia will recover under it.

STEPHENS.

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### HYDROCELE.

Enlargements or swellings of the scrotum may be primarily divided into two classes, according to their origin. In the one case from the peritoneal cavity; in the other from the spermatic cord or the testicle. The vaginal process of peritoneum, conducting the testicle from the abdominal cavity to the scrotum, ordinarily becomes closed and shrunk to a membranous cord before birth. Not infrequently it remains sufficiently patulous to permit the flow of abdominal fluid for a time, causing a noticeable distension of the scrotum in the newly born, with fullness of the inguinal canal. Soon, however, obliteration of the lumen of the process is usually complete and the excess of fluid is absorbed. Sometimes descent of the testicle is delayed, and the process fails to close in time to prevent the descent of intestine or omentum with the fluid, constituting a congenital hernia.

Such a hernia can generally be reduced. When it contains a knuckle of intestine, the reduction is attended with a gurgling sound. If after the fluid has been returned to the abdominal cavity a soft mass remains, which is reduced without a gurgle, and followed by collapse of the swelling, it will indicate an omental hernia, or epiplocele. If by the usual manipulation the swelling is slowly reduced without gurgling, and with no palpable mass of tissue remaining, we have a hydrocele of the vaginal process. Such a hydrocele may be binocular or multilocular, a part of it connected with the peritoneal cavity and reducible,

while the rest of it is shut off by a septum, or by a segment of closed process, and is irreducible. An additional evidence of abdominal origin for a swollen scrotum is furnished by the impulse conducted to it by coughing. A hydrocele is distinguished from solid tumors by its translucency. A swelling of the scrotum which has its origin in the spermatic cord or testicle is not reducible, and there is absence of impulse from coughing. It is either a hydrocele, a hæmatocele, a varicocele, or it may be a cyst of the testicle.

Hæmatocele will be determined by the history, as it usually depends on injury, and by being non-translucent. Varicocele is easily differentiated by the resemblance to a bag of earth worms, and by the spontaneous reduction after the patient lies down. A testicular cyst usually lies behind the testicle, and can not be separated from it. Thus it is not difficult to distinguish the different forms of hydrocele from each other, and each from other causes of scrotal enlargement.

As to treatment, considerable diversity prevails. Professor Howe did much to popularize the use of *Thuja occidentalis*. Other remedies have been recommended for injecting the sac after aspirating the fluid, but, as it often refilled, a portion of the sac was removed, and by some complete dissection of the sac was advised. This last is a tedious and often bloody operation.

If the case is of the first above described variety, a hydrocele of the open vaginal process, communicating with the peritoneal cavity, the treatment by aspiration and injection is not applicable. As it is sure to refill from the abdominal cavity, it will be necessary to operate as for radical cure of congenital hernia. After shaving and thorough asepsis, the inguinal canal is laid open, the process freed of adhesion, drawn out and excised, leaving sufficient of the lower end to enwrap the testicle as a tunic. This portion is sutured about the cord and the upper end is treated as the hernial sac is treated in hernial operations; ligated well within the internal inguinal ring and excised.

Hydrocele of the cord is treated with entire satisfaction if asepsis is secured, and a free incision and complete evacuation is followed by instilling one or two drachms of tr. iodine, and taking care to secure prolonged contact of it to the whole internal surface of the sac by external kneading and manipulation. No unpleasant consequences are likely to follow, as tincture iodine is one of the best antiseptics. A free opening in the distended scrotum becomes a small one after it has collapsed. This can be closed with a pledget of cotton or gauze moistened with collodion. A suspensory will contribute to the patient's comfort for two or three weeks.

CHURCH.



**PROFESSIONAL PREVARICATION.**

There are all kinds of lies, even as there are all kinds of truths. There are sinful lies and righteous lies, just as there are good and bad truths. There are times and occasions when it is merely politic to tell a lie or a truth, and there are exigencies in which it is wicked to tell the truth, as in other emergencies it is wicked to tell a lie. Preachers (generally unconsciously) teach lies; lawyers (always purposely) propagate lies; doctors (justifiedly) lie.

Letting the preachers and lawyers take care of themselves, I shall briefly consider medical lying. With reference to acting social lies—consequent upon the exactions of artificial convention—doctors are in the same boat with the rest of humanity. But additionally to that, doctors must act special lies for professional reasons. When the doctor really fears his patient is going to die, he must act as if he really feels that he is going to recover. This increases the chance of recovery, and the competent physician bends everything to the weal of his patient. This instance furnishes merely one of a class. There are special diseases and specific conditions that demand special and specific lies. A negative lie is, under final analysis, as specific as a positive one. You do not tell your hysterical patient she has hysteria—you tell her she is “nervous.” You tell the consumptive his lungs are irritated. In both cases you tell the truth, but not all the truth—the *vital* truth is withheld. There come up odd combinations of conditions which call for lies on the doctor’s part. To illustrate: I had a patient—a German girl who had been in this country only a year—who was nicely convalescing from a severe illness. One day a pet crow flew into the room, settled on the head-board of her bed for a moment, and then flew out. To the girl this was a fatal omen. She collapsed immediately, and the frightened family sent hurriedly for me. They told me what had happened before I entered her room. I found her bathed in a clammy perspiration, with her uplifted hands in the attitude of prayer. “It iss all ofer, Herr Tochter,” she said as I approached her bed. I forced a little laugh, and said: “I have heard about it, Rachel, and am tickled to death. You couldn’t die now to save your life.” (Of course she didn’t catch on to the brilliancy of that speech.) “In your country that is a fatal sign; in this country it is exactly the opposite.” I convinced her that I was telling the truth, and this lie saved his life. She went back to health in a gallop. I could relate many other similar instances, but have not the space.

There is another class of cases in which the doctor seems forced to lie for a social (if not moral) reason. A wayward husband has been thrown into relation with the nefarious and ubiquitous gonococci.

Domestic hell is to pay unless the doctor can cook up a smooth and plausible lie. Sometimes it is the woman who has misstepped. Shall you stick to the truth and break up a family, or shall you lie to prevent this calamity? I have always lied in these cases. COOPER.

### COMMENCEMENT EXERCISES.

The sixty-first annual Commencement Exercises of the Eclectic Medical Institute were held at the Scottish Rite Cathedral on Wednesday evening, April 18th, at 8 o'clock. The following program was rendered :

- 1 Music—March, "College Life.".....Clarke
- 2 Invocation.....Rev. Lewis P. Mercer
- 3 Music—Overture, "It Happened in Nordland" ..... Herbert
- 4 Dean's Report,.....Prof. Rolla L. Thomas, M. D.
- 5 Music—"Silver Heels".....Moret
- 6 Conferring Degrees, Pres. Board of Trustees, Hon. Aaron McNeill
- 7 Music—Cornet Solo, selected..... Mr. Fred. Weiss
- 8 Address.....Samuel M. Jefferson, LL. D., of Kentucky University
- 9 Music—"Apple Blossoms" ..... Feist
- 10 Benediction..... Rev. Lewis P. Mercer
- 11 Music—Finale, "E. M. I".....Weber

The Dean's report, showing the progress of the College, was well received.

Judge McNeill conferred the degree of Doctor of Medicine upon the following persons :

|                                  |                                 |
|----------------------------------|---------------------------------|
| M. Francis Bettencourt, Texas,   | Samuel W. Bradstreet, New York. |
| Dellest E. Bronson, W. Virginia. | Sloan A. Brown, Pennsylvania.   |
| Charles R. Campbell, Ohio.       | George Henry Candlin, Colorado. |
| Halstead A. Conner, Ohio.        | George Robert Cooper, Texas.    |
| Marion Arthur Cooper, Texas.     | Earl K. Conrad, Penn'a.         |
| William B. Cunningham, Penn'a.   | Alburton A. Dewey, New York.    |
| John George Eastham, W. Va.      | George W. Gregg, New York.      |
| Merl V. Hazen, Pa.               | Charles L. Hudson, Texas.       |
| Arthur J. Johnson, Ills.         | J. Daniel Keiper, Pa.           |
| Henry A. Kling, Ohio.            | Ira N. Martin, Ills.            |
| Glen Everett Miller, Ind.        | John R. Moore, Pa.              |
| W. Ellis Nichols, Ky.            | Edward A. North, Ky.            |
| Ethelbert G. Padgham, N. Y.      | A. Theodore Rank, Ohio.         |
| Karl P. Reefy, Ohio.             | Alfred Edwin Rhein, Ind.        |
| Archie B. Rinehart, W. Va.       | Thomas Taylor Sidener, Ohio.    |
| Clifford G. Smith, Ohio.         | John Nicholas Thiel, Ohio.      |
| Tell C. Waltermire, Ind.         | Harry R. Werner, W. Va.         |
| Victor P. Wilson, Ohio.          |                                 |

Professor Jefferson's remarks in the annual address to the class were timely, and the fine evening and large audience contributed much to the happiness of the occasion.



The annual banquet followed the commencement exercises in the evening. Dr. J. K. Scudder presided as toastmaster. Prof. W. B. Church responded to the toast, "The needs of the new Graduates." Dr. Charles R. Campbell, "The Class of 1906." Hon. Howard Ferris, Judge of the Superior Court of Cincinnati, responded in an impressive manner to the toast, "Opportunities."

The surgical clinic, held by Prof. Russell at the Seton Hospital in the morning, was unusually successful, and proved very interesting and instructive to visiting physicians.

The faculty entertained twenty-six at an informal luncheon at the Business Men's Club at noon. Altogether the sixty-first annual commencement day goes down in history as one of the most successful ever held in the history of the College.

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### THE ALUMNAL ASSOCIATION,

The annual meeting of the Alumnae Association of the Eclectic Medical Institute was held in the lower hall of the College, April 18, at 2 P. M. Dr. W. T. Gemmill, the President, being absent, the meeting was presided over by Dr. Carl G. Winter, of Indianapolis, the first Vice President. Dr. J. L. Payne read the Secretary's report, and Dr. C. G. Smith read that of the Treasurer. The election of new members resulted in an addition of 30, making an active list of nearly 400, out of nearly 2200 now practicing.

The following addresses were made: "Our duty to our Alma Mater," Dr. Carl G. Winter, Indianapolis. "The Class of 1906," Dr. Thomas T. Sidener, South Warsaw, O. "In Memoriam — Professor Wintermute," Remarks by Dean Thomas.

The following officers were elected to serve for 1906-7: President, Lee Strouse, M. D., '87, Covington, Ky.; 1st Vice President, Bert Coffey, M. D. '95, Laurel, Ind.; 2d Vice President, Victor P. Wilson, M. D., '06, Haskins, O.; 3d Vice President, Ora T. Smith, M. D., '94, Ross, O.; Secretary, John L. Payne, M. D., '99, Cincinnati, O.; Treasurer, Chas. G. Smith, M. D., '90, Cincinnati, O.

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### STATE SOCIETIES.

Particular attention is called to the notices of the various State Society Meetings, which will be found under the head of "Society Notices," in the department of "Eclectic News."

The outlook for well attended meetings this year is very bright. All indications point to a very large and enthusiastic meeting of the "National," at Put-in-Bay in June.

# Genitone....

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**GENITONE**—a rational adjunct to the non-surgical treatment of certain disorders of the female reproductive organs.

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Genitone is of special value in amenorrhea, dysmenorrhea and menorrhagia. It is also successfully prescribed in ovaritis, salpingitis, subinvolution, and in threatened abortion.

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Genitone may be safely recommended as a uterine tonic and regulator, not only during the period of menstrual activity, but also when the approach of the menopause gives rise to various aberrations of uterine function and reflex morbid manifestations.

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Dr. J. W. F—— reports the case of a patient who had previously aborted four times, and who, at the third month of pregnancy, presented every evidence of miscarriage. He prescribed Genitone every two hours until the symptoms subsided; maintained the treatment for four days, when the interval was lengthened and the remedy finally omitted altogether. "The patient progressed satisfactorily, and at full term was delivered of a healthy child."

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Viburnum Prunifolium... 8 gr.      Senecio Aureus ..... 5 gr.  
Anemone Pulsatilla ..... 2 gr.      Aromatic Cordial ..... q. s.  
to make one fluid drachm.

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# THE ECLECTIC NEWS

## A MONTHLY NEWSPAPER

Vol. XI.

MAY, 1906.

No. 5.

### BOOK NOTICES.

**THE ECLECTIC PRACTICE OF MEDICINE.** BY ROLLA L. THOMAS, M. D., Professor of the Principles and Practice of Medicine in the Eclectic Medical Institute, Cincinnati, O.; Ex-President of the National Eclectic Medical Association; Consulting Physician to the Seton Hospital. Illustrated with two lithographs in colors, six color prints, and 57 figures in black. 8vo, 1033 pages. Price, cloth, \$6.00; sheep, \$7.00. The Scudder Brothers Company, Publishers, Cincinnati, O.

This is a book of over 1000 pages. In matter and make-up it reflects credit on printers, publishers, and author. From beginning to end the work is well written, and it will doubtless take high rank among the books published by our school. To begin with the introduction: The case for Eclecticism and specific medication in my opinion was never better put in as short a space as we find it in these two pages. The etiology, pathology, symptoms and diagnosis are so well described as to leave little for criticism. The article on typhoid fever is worth special study, and though the article does not go as far as I do in the clean out, clean up theory—not by purgatives, but by laxatives, bowel lavements, and internal antiseptics—yet no one can read after the doctor on typhoid fever and be surprised at his low typhoid death rate. The section on pneumonia is very good. The death rate from pneumonia has been scandalously high in the old school, and in some sections up to one year ago it was growing higher. But from experience I can say the practice laid down by Prof. Thomas will reverse this, and we shall have but few dying of this serious disease. I note only one exception to his prescribing. On page 326 he adds to his sedative four ounce mixture one grain of morphine. This has never been necessary with me.

Part III, on diseases of the circulatory system, is rich in food for thought, and will well repay careful study. As for treatment what shall we say? One thing we can say: the treatment is not heroic. In fact, though I am opposed to giving too much medicine, yet in many

cases I would give more than the doctor gives. But this is a good fault, for far more have been drugged to death by physicians than have died from too little medicine. In giving from two to three drop doses of specific jaborandi, there should be some warning as to its possible depressant danger. I have seen serious trouble from less doses. In the treatment of venereal diseases the doctor says: "About the only mercurial remedy we give as a school is the small amount found in Donovan's solution." Now I know venereal diseases can be cured by vegetable remedies, as I have proved it ; but I know these diseases can be treated far more successfully by the judicious use of other of the mercurials and also iodide of potassium in connection with vegetable remedies ; and I am far from being alone in this among Eclectic physicians.

Taking the book as a whole, the points where I differ from the doctor are very few ; the points where we agree are many. As one glances through the body of the book you get the idea that the writer has very few remedies. But when you turn to the end you find a chapter on indications for remedies. There are about eighteen pages, and to any practitioner who has had no special instructions on these lines, it will be a revelation, giving the uses and indications for a wealth of remedies. These eighteen pages are worth the price of the book. The book as a whole is a good one, and I shall advise my friends to buy it and study it, and I predict for it a great sale.

J. FEARN, M. D., Oakland, Cal.

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**The Diseases of Infancy and Childhood,** For the use of Students and Practitioners of Medicine. By L. Emmett Holt, M. D. Third edition, revised and enlarged. D. Appleton & Co., New York. Price, cloth, \$6.00.

Holt's Diseases of Infancy has long been a favorite reference book with the reviewer, and as we compare the present edition with a copy of the first, we note many changes in the text. It is enlarged and contains additional colored plates and illustrations. We note the fact, also, that many chapters are entirely rewritten and revised. Symptomatology and diagnosis have grown from five pages in the first edition to ten in the third. It is consequently much more specific, and while attention is called to seemingly small matters, an attention to them is essential to one who would be successful in the diagnosis of infantile affections. We note the fact that ether is recommended as an anesthetic for children. Personally we prefer chloroform. It is just as safe and much more pleasant than the former. We believe, after an experience of nearly a quarter of a century in its administration, that the danger lies in the method of administration, rather than in the anesthetic itself.

# The One External Remedy for Winter-Bred Diseases

**What Does the Word Libradol Mean ?—**The word is fanciful. It was created as a title for the pharmaceutical preparation to which it is affixed and was never known preceding the introduction of that remedy. Of one thing it is well to be assured, namely, that :—

**Libradol Is Not** a glycerin poultice ; it is not a clay mixture designed to act as a poultice, nor is it an imitation of any known mixture or compound.

**What then is Libradol ?—**A sixteen-page pamphlet, descriptive of its composition, history, pharmacy, and qualities will be mailed free to physicians desirous of knowing what Libradol is. Space is not sufficient here to describe it in detail.

**What Will Libradol Do ?—**It will relieve pain where other external applications fail to have any influence whatever. Try a leaf of paper spread with Libradol where poultices or other external mixtures do not give relief. Note its prompt, quick action in croup, as well as in painful parts.

**What Advantage has Libradol Over a Poultice, be it Hot or Cold ?—**The weight of a poultice is unbearable in many cases of acute pain and is even dangerous as a weight on the chest in pneumonia. Libradol has no such fault. It needs no artificial heat because it is stimulating enough in itself. Spread as thin as butter on a sheet of paper or on the skin, Libradol relaxes the tissues, quiets the angry nerves, and by its soothing influence produces restful sleep. And yet, Libradol contains no opium or cocaine. The question has been asked,

**Does Climate Impair Libradol ?—**This may be positively answered as follows: Libradol neither ferments nor sours. Its energetic virtues are carried by it indefinitely. When spread, it remains plastic, neither drying nor flowing.

**Who Uses Libradol ?—**It is an established remedy and employed only by physicians. Libradol is not a "home cure" nor is it advertised to the people.

**To What Affections is Libradol Applicable ?—**The sixteen-page pamphlet on Libradol gives the reports of physicians who use it in pain diseases, such as Asthma, Cough, Croup, Lumbago, Pneumonia, Rheumatism, and pain generally. A thousand or more physicians have written enthusiastically concerning its value in "winter-bred diseases" where prompt relief is necessary. For such, Libradol is unquestionably the most effective local application and the quickest in action.

**Is Libradol Expensive ?—**So little is used in spreading the thin layer employed, as to make it the cheapest of all external applications. It is now used by thousands of physicians, is in stock in every jobbing drug store in America, and is supplied by all retail pharmacists of repute. The prices are :

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|-----------------------------------------|--------------------|------------------------------------------|--------------------|
| $\frac{1}{4}$ -lb. jar.....\$0.45 each. | By mail.....\$0.55 | 1-lb. jar.....\$1.50 each.               | By mail.....\$1.75 |
| $\frac{1}{2}$ -lb. jar......80 "        | " " " " .95        | 5-lb. jar, hospital size (not mailable), | 6.50               |

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Pemphigus is rewritten and the present article is no doubt the result of added experience and an enlarged view. Artificial feeding and the diseases of nutrition are practically new chapters, and the former contains the gist of all that has been developed in this important subject since the advent of the first and second editions. Time and space do not permit us to take up and consider each chapter separately, but we find the same care in revision throughout the entire book. W. N. M.

---

**A Handy Reference Book.** Giving briefly the specific indications for remedies, paying particular attention to each organ of the body distinctively. By J. S. Niederkorn, M. D., Versailles, O. 24mo, flexible leather, 151 pp., \$1.25. Scudder Brothers Co., Cincinnati.

"Another most worthy little book, one making no great pretensions to book making, but compressing within a few pages a vast quantity of working material. The book is based on the Eclectic theory of medicine, but in many places it is a fine exemplar of homeopathic medicine. The basis of the work rests upon the ails of the various parts of the body, and applying the prominent remedies indicated in those parts. Dr. Niederkorn does not treat disease-names per se; if he uses them he does so merely as range-finders. The indications for the remedies are clear-cut and suggestive. No one can go far astray with this book in his buggy case or pocket. Its paramount first impression is that the author is absolutely sincere in giving a small but truthful book. We are greatly pleased with it, and while we can not "go the whole hog," because of its Eclectic trend, we can and do find many, many things in it to commend and none to condemn."—*Fank Kraft, M. D., in Amr. Physician.*

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**Preventive Medicine.** Including a Disquisition on Therapeutic Philosophy. By Wm. Colby Cooper, M. D., Cleves, O. 12mo, 147 pages, cloth, \$1.00.

Dr. Cooper needs no introduction to readers of Eclectic literature. His name is a familiar one to all such. The author handles the subject of his brochure with his usual boldness, and begins prevention with the very beginning of life—advocating selection in marriage, the same care as is given to horticulture or domestic animals. Degenerates and criminals are largely bred by such, to prevent which and for the good of the community at large emasculation is endorsed.

Hygienic conditions, as we usually understand them, are not dealt with, or as they affect the masses, but the individual is dealt with, the doctor evidently believing that "an ounce of prevention is worth a pound of cure." If the individual is born right and lives right, disease is reduced to the minimum, likewise the necessity for much drug taking; thus we have the ideal of Preventive Medicine. W. N. M.



**A Text-Book of Histology.** By Frederick R. Bailey, M. D. Wm. Wood & Co., New York. Price, cloth, \$3.00.

This work is divided into four parts. Part I gives general technic for fixation, hardening, embedding, section cutting, and staining and mounting, and how to inject specimens. Part II deals with the cell. Part III takes up the study of the tissues, thoroughly and plainly describing each and every one, and gives minute instructions how to get good specimens, and how to prepare them. Part IV deals in the same careful manner with the different organs of the body. The diction is good, easily understood, the cuts and engravings are distinct and clear, and all in all, this is one of the best text-books on histology extant to-day.

J. L. P.

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**Refraction.** Including Imbalance and the Adjustment of Glasses. By R. S. Copeland, M. D., and A. E. Ibershoff, M. D. 144 pages, cloth, \$1.50 net. Boericke & Tafel, Philadelphia.

In this volume, abstract, theoretical equations are conspicuous for their absence. The authors have stepped out of the beaten path, and as a consequence have evolved an original work as a guide to refraction and allied topics. While it is unquestioned that a knowledge of optical physics is not only an aid but a positive necessity for accurately understanding and correcting optical defects, still the burdensome algebraic formulæ usually incorporated in instructions for refracting a patient reminds one of the invocation to almighty Jupiter that adorns the prescription blanks of doctors and druggists.

The subject matter is well handled, and both the authors and publishers are to be congratulated on the pleasing appearance of the book.

K. O. F.

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**Lectures on Auto-Intoxication in Disease, or Self-Poisoning of the Individual.** By Ch. Bouchard, M. D. Translated by Thomas Oliver, M. D. Revised edition. Octavo, 342 pages, cloth, \$2.00. F. A. Davis Co., Philadelphia.

In this work the study of auto-intoxication is more fully considered than in any other publication with which the reviewer is acquainted. There is considerable new material added in this edition, and while few will be able to indorse all that the author claims, there undoubtedly are many cases of auto-poisoning not recognized by the attending physician. The rapid disappearance of hebetude in many instances, after either the renal tract or the alimentary tract have been put in active working order is evidence of auto-intoxication, but too often is not fully considered.

Few have studied this subject as fully as the author, hence few are competent to criticise his premises or conclusions, as it is folly for any

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Sodium Sulphate, 10 grains.

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Each drachm contains  
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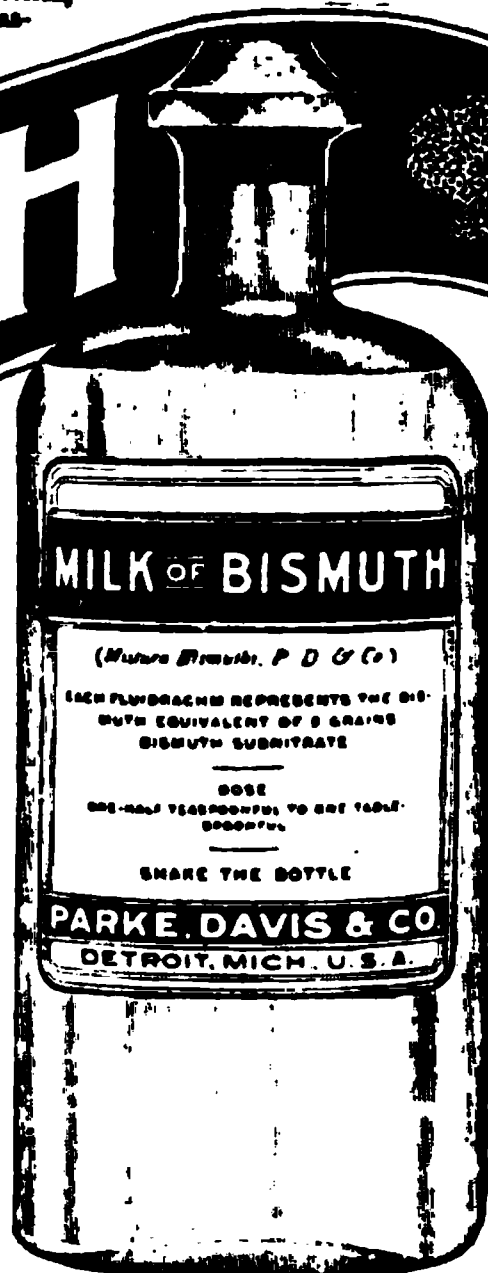
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one to criticise that which he does not understand. A careful perusal of the book will be of benefit to every physician, whether general practitioner or specialist in any line. K. O. F.

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**Differential Diagnosis, and Treatment of Disease.** A text-book for practitioners and advanced students. By Augustus Caille, M. D. 225 illustrations. 8vo, cloth, price, \$6.00. D. Appleton & Co. New York.

A comprehensive work of about 900 pages. Its object is to bring the broad domains of practical medicine fairly within the grasp of the family physician. The book is exact and practical, without exhaustive and theoretical details. This is an excellent work on diagnosis, and should be in the hands of every general practitioner. L. W.

---

**Diseases of Metabolism and the Blood, Animal Parasites and Toxicology.** This is the third volume in a series entitled Modern Clinical Medicine. Edited by Richard C. Cabot, M. D. One colored plate, 58 illus., 650 pp. cloth, \$5.00. D. Appleton & Co., N. York.

This work may be regarded as setting forth the most advanced researches in medicine. The busy practitioner, both in medical centers and in remote hamlets, will find the book especially valuable, both in regard to diagnosis and treatment. L. W.

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## COLLEGE AND SOCIETY NOTICES.

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### Meeting of the National.

I have been apprised by the various Passenger Associations that we have been granted a one and one-third fare for our meeting to be held at Put-in-Bay, Ohio, June 19-21. This embraces all States in their territory except Ohio. Delegates from Ohio will obtain practically the same rate, viz., two cents per mile each way. It will be necessary for Ohio delegates to obtain receipts or certificates when purchasing tickets, for they will be counted as a part of the total number required to be present. As heretofore, the minimum number present must be 100. Each delegate outside of Ohio must obtain a certificate from the ticket agent, and will be required to pay full fare to Put-in-Bay. Upon your arrival at Put-in-Bay, hand your certificate to me, with 25 cents, and as soon as 100 have been handed in your certificate will either be returned to you or will be filed with the ticket agent at Put-in-Bay, and you will then be at liberty to obtain your return ticket at one-third the full fare.

Ohio delegates will be required to pay the validating agent's fee of 25 cents each, in order that their receipts will be counted with the rest to make up the required number.

Tickets for the going journey must be purchased within four days of the opening date, viz., June 15, unless distance requires more time in which to reach the place of meeting.

Tickets for the return journey must be purchased within four days of the closing day of the convention. Boats leave Toledo for Put-in-Bay daily at 9 A. M. and 10 P. M., and it requires two or three hours to make the trip.

Allow me to call your attention to the many attractions of our delightful meeting place. They include most complete arrangements for boating, fishing, band concerts, visiting places of historic interest, etc. But the greatest attraction of all is the meeting of brother Eclectics, and the most enjoyable of all is to rub shoulders, that annual reunion of the noblest branch of the medical profession. Start this year, brother Eclectic, get the habit, and you can't be kept away from these meetings.

H. H. HELBING, M. D., Cor Secretary, St. Louis, Mo.

#### HOTEL VICTORY, PUT-IN-BAY, O.

##### **The State Society and the National Association.**

To the Eclectic physicians of the United States I desire to make a most urgent appeal. It is incumbent upon each individual to stir himself to the utmost, this year, in the interest of his State Society. There is an undercurrent of complaint that in some States but few physicians are interested in organization, and that the State societies are suffering from this. I can aver that in but few States is this so. In those States which have the most physicians of our school and in those where a few have kept up the interest, the spirit is fine. This is especially true of Ohio, New York, Indiana, Illinois, Georgia, Texas, Arkansas, and Pennsylvania. In other States the spirit is excellent. In those States where I have made special effort at organization or re-organization, the results have been fine. These are Oklahoma, South Dakota, West Virginia, and Kentucky.

If there is any reason in any State why there is not extreme activity, it will be found to center upon the individual physician. We have in truth a fine spirit throughout most of the States, and this spirit should animate every physician to put forth his very best effort this year to

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develop enthusiasm for his State society meeting, and without fail to attend in person and directly contribute to its interest.

Furthermore, a committee should be appointed from each society to co-operate with the Special Legislative Committee of the National to revise the by-laws of the society, at proper time to correspond with those of the National Association, making all members of the National Association. Of this committee the secretary of the State society should be the chairman, as he is recognized by the National Association as Secretary of Organization in his State. The constitution and by-laws of the National Association were revised last year with this object in view. The work of the committee will probably be completed this year, when the committees from the State societies should at once take up the work and have a report ready for adoption in each State society next year. This will save one year of time and will facilitate the greatly-to-be-desired consolidation which I have aimed at ever since I have been the National Secretary

Let there be a union of effort for the good of every society this year, which has never been exceeded, contributed to by every individual physician. If this occur, the results will be every way gratifying, and will conduce most materially to the ultimate good of the cause we all have so much at heart.

FINLEY ELLINGWOOD, M. D., Secretary,  
Chairman of the Committee of Organization.

#### **The Ohio State Eclectic Medical Association.**

The next meeting of this Association will be held May 1-3, 1906, at the Great Southern Hotel, Columbus, O. The present indication is that an excellent program is in preparation. The section officers are better organized; and with the understanding that they are appointed for active work, and have a real duty to perform, will add strength to our working force, and make our meeting a success. It is urged that every Eclectic physician in Ohio will make an effort to attend, and help to arrange to entertain the National Association. It will be several years before we will again have the honor of entertaining our National Association, which meets at Put-in-Bay June 19-21, 1906. Join the State Association. This will make you eligible for membership in "The National." You have the rare opportunity to attend both this year in your own State. Do not miss this chance, but come.

BISHOP McMILLEN, M. D., President.

#### **The Illinois State Eclectic Medical Society.**

The thirty-eighth annual meeting of this Society will be held in the Green Room of the Auditorium Hotel Annex, Chicago, on Wednesday, May 9, 1906, and continue in session three days. The officers are putting forth every effort to make this meeting surpass any we have held. In fact the whole week will be full of good things for Illinois Eclectics and those of adjoining States.

You will observe that our meeting immediately follows the closing exercises of Bennett College of Eclectic Medicine and Surgery. On Monday evening will occur the Class Day Exercises, and on Tuesday afternoon and evening will occur the Commencement Exercises and the alumni meeting and banquet.

On Wednesday morning the State Society will convene. On Friday



we will have a noon-day luncheon in the Palm Garden of the Auditorium of the Hotel Annex, and at that time Dr. W. C. Abbott, of the Alkaloidal Clinic, will address us.

There has never been a time when all these good things have come so close together, and been so arranged that we can enjoy them all. Now, doctor, you must not miss any of these good things. If you are not a member of our State Society we earnestly urge you to become one of us. A fine program will be issued soon. Look for it. Come.

W. E. KINNETT, M. D., Secretary, Peoria, Ill.

#### **The West Virginia Eclectic Medical Association**

Will hold its next annual meeting at the Hotel Chancellor, Parkersburg, May 15 and 16. The program consists of the President's Address by Dr. J. A. Monroe, Wheeling, and a number of excellent papers by Drs. Geo. Snyder, L. N. Yost, W. L. Werner, G. R. Miller, C. W. Seeley, A. J. Kemper, and H. E. Sloan. Besides the ones mentioned, there are about twenty more interesting papers prepared by different noted physicians throughout the State. Prof. Thomas, of Cincinnati, will be present. The prospects are very good as regards a large attendance and an interesting meeting. Come one, come all. We need you and you need us.

D. H. EDWARDS, M. D., Secretary.

#### **Notice—Eclectics of Tennessee:**

Your State meeting will convene in Nashville, May 29 and 30, 1908. Be present, and encourage your brethren to come out. A good meeting is expected, and a banquet of good things is waiting. If no paper has been assigned you, prepare one upon a subject of your own selection.

BENJ. L. SIMMONS, M. D., Rec. Secretary.

#### **Dayton Medical Society.**

There are a number of active young Eclectics in Dayton, O., and the need of a local organization has been apparent for some time. The new Central Ohio Association alternates between Springfield and Dayton. Now a new society has been started to be known as the Dayton Medical Society. Those present at the first meeting were: Drs. Hays, Agnew, Gregg, McCally, Swisher, Smith, Wuist, Otto, and Beaman. The new officers are: C. W. Beaman, President; J. R. McCally, Vice President; J. D. Smith, Secretary.

#### **E. P. Fraternity Notes.**

On Friday night, March 30, was held the reception for the senior members of the Society. The reception was well attended by the members, and an excellent program was rendered. Practical talks were given by different members of the faculty, including Dr. Scudder and also Dr. Best, of Indianapolis.

After short farewell addresses by the seniors were given, refreshments were served. On the whole, the reception was a success.

Chas. F. Kyser, M. D., class of '05, is located at Colorado City, Colo. He enjoys the distinction of being on the staff of the Emergency Hospital.

W. W. Weimer, M. D., class of '03, who was formerly practicing in Texas, has recently passed the California State Board. Dr. Weimer has

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We shall be pleased to hear from all the brothers during the summer.

W. H. H. SCHROCK, Reporter, Somerset, Pa.

### SOCIETY MEETINGS.

**NATIONAL.**—President, J. Paul Harvill, Nashville, Tenn.; Secretary, Finley Ellingwood, Chicago. Next meeting at Put-in-Bay, Ohio, June 19-21.

**ARKANSAS.**—President, W. M. Allison, Bee Branch; Secretary, J. L. Vail, Little Rock. Next meeting at Little Rock, May 9-11.

**CALIFORNIA.**—President, H. W. Hunsaker, San Francisco; Secretary, B. Stetson, Oakland. Next meeting at San Francisco, May 22-24.

**CONNECTICUT.**—President, Geo. B. Bristol, Middlebury; George A. Faber, Waterbury. Next meeting at Allyn House, Hartford, May 8.

**ILLINOIS.**—President, Henry E. Whitford, Chicago; William E. Kinnett, Peoria. Next meeting in Auditorium Annex, Chicago, May 9-11.

**INDIANA.**—President, M. Harrod, Ft. Wayne; Secretary, E. B. Shewman, Waymansville. Next meeting at Marion, May 22-24.

**IOWA.**—President, D. R. Bement, Mt. Ayr; Secretary, E. B. Pulliam, Muscatine. Next meeting at Des Moines, May 16 and 17.

**KANSAS.**—President, R. O. Rhodes, Topeka; Secretary, E. B. Packer, Osage City. Next meeting at Topeka, May 10 and 11.

**KENTUCKY.**—President, L. J. Poe, Butler; Secretary, Lee Strouse, Covington. Next meeting at Louisville, May 4 and 5.

**MAINE.**—President, A. H. Flower, Boston, Mass.; Secretary, F. W. Snell, Dennysville. Next meeting at Portland, May 28.

**MASSACHUSETTS.**—President, D. P. Borden, Patterson, N. J. Secretary, Pitts E. Howes, Boston. Next meeting at Boston, June 7 and 8.

**MISSOURI.**—President, D. S. Meredith, Cowgill; Secretary, George E. Crapf, St. Louis. Next meeting at St. Louis, May

**MICHIGAN.**—President, W. H. Snyder, Hastings; Secretary, F. B. Crowell, Lawrence. Next meeting at Detroit, June 18.

**NEBRASKA.**—President, W. N. Ramey, Lincoln; Secretary, S. J. Stewart, Lincoln. Next meeting at Lincoln Medical College, May 8 and 9.

**NEW ENGLAND.**—President, F. W. Snell, Dennysville; Secretary, Sylvania A. Abbott, Taunton, Mass. Next meeting at Portland, Me., May 23 & 24.

**NEW HAMPSHIRE.**—President, A. A. Muchmore, Plymouth; Secretary, W. H. True, Laconia. Next meeting at Laconia, June

**NEW JERSEY.**—G. E. Potter, Secretary, Newark. Next meeting at Newark, May 23.

**OKLAHOMA.**—President, W. T. Ray, Kelly; Secretary, E. G. Sharp, Guthrie. Next meeting at Oklahoma City, May 10.

**OHIO.**—President, Bishop McMillen, Shepard; Secretary, John J. Sutter, Bluffton. Next meeting at Columbus, May 1-8.

**PENNSYLVANIA.**—President, C. L. Johnstonbaugh, Bethlehem; Secretary, Kimmel Rauch, Johnstown. Next meeting at Johnstown, June 5-7.

**SOUTH DAKOTA.**—President, A. W. Hyde, Brookings; Secretary, W. E. Daniels, Madison. Next meeting at Madison.

**TENNESSEE.**—President, J. W. Pruitt, Only; Secretary, A. D. Daniel, Lohdeville. Next meeting at Nashville, May 29, 30.

**TEXAS.**—President, Jason Tyson, Santa Anna; Secretary, L. S. Downs, Galveston. Next meeting at Fort Worth, October 9.

**VERMONT.**—President, James W. Marsh, Manchester Center; Secretary, R. N. Waite, Johnson. Next meeting at Montpelier, June 6 and 7.

**WASHINGTON.**—President, G. W. Overseeyer, South Bend; Secretary, R. O. Ball, Tacoma. Next Meeting at . . . September

**WISCONSIN.**—President, W. S. Blunt, Paupun; Secretary, F. P. Klahr, Horicon. Next meeting at Kilbourn City, May 24.

**WEST VIRGINIA.**—President, J. A. Monroe, Wheeling; Secretary, L. S. Yost, Amos. Next meeting at Parkersburg, May 15-16.

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## PERSONALS.

**Married**—April 4, 1906, Dr. Hiram B. Martin, E. M. I. '05, and Miss Anna Lee Glass. At home after April 9, at Grayville, Ill.

**Died**—At Ashland, Oregon, Feb. 22d, Dr. Geo. W. McConnell, E. M. I. '74, aged 58 years. Dr. McConnell was a prominent Eclectic physician of Oregon and had an extensive practice. He was a prominent member of the I. O. O. F.

The faculty of the Potomac University of Washington, D. C., on March 21, 1906, conferred the honorary degree of Doctor of Science on Dr. William P. Best, of Indianapolis, Ind.

Dr. W. C. Wren, E. M. I. '99, is nicely located at Appleton, Minn. He is in partnership with Dr. C. E. Johnson, and they are doing a fine business.

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Good country location in Marion County, Ohio. For particulars address, with stamp, John H. Eversole, Prospect, O.

Through the death of Dr. Clayton L. Hill, there is an excellent location open in Buffalo for an active young Eclectic. For particulars address, with stamp, Miss Florence B. Hill, 321 Franklin st., Buffalo, N. Y.

Good country location in Florida for an Eclectic. For particulars address, with stamp, Dr. J. M. Abbott, Trilby, Florida.

Good location left vacant by the death of Dr. D. M. McDonald, graduate of the E. M. I. For particulars address, with stamp, John A. McDonald, Gatchelville, Ga.

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# THE ECLECTIC JOURNAL

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## Original Communications.

### CONIUM,

By Herbert T. Webster, M. D., Oakland, Cal.

Conium is listed by Lloyd Brothers as a specific medicine, though I fail to note any special use for it on the label not mentioned in old allopathic works. Eclectics have apparently added nothing to it, and they seldom or never employ it, if we are to judge from our current literature and text-books on practice. Why it should have been allotted a place among our select remedies rather seems a mystery.

It appears that Professor Scudder made no mention of it in his "Specific Medication"; at least no notice of it is to be found in my copy of that work (the fourth edition). It is not improbable that it is an interpolation by some unknown authority. If any one had offered anything new or positive on the subject, there might have been good reason for its introduction; but it ought to be something better than a general recommendation for a place in the treatment of chorea, whooping cough, asthma, paralysis and tetanus, that would entitle it to a place in our list of specific medicines. I say "our," because, as Eclectics, we feel that they belong to us all. Personally, I am doubtful that conium is of any considerable worth in the conditions named. If so, it certainly has been but little used. It might be tried, in stubborn cases, in order to amuse the patient and "keep things running," but it would probably finally be abandoned, as in the case of most allopathic therapeutic recommendations, in order to try something else.

Is conium really worthy of consideration as a remedy of specific virtue, or does it simply cumber the ground? Have any of our physicians ever cured anything with it? If so, what and how? We need many specifics, in order to cover the field of practice, but every one of them should possess some positive, well-defined virtue. If conium is worthy a place among our specifics we ought to occasionally hear from it in unmistakable terms from the busy practitioner.

Conium is a drug of ancient reputation, for it was used by the Athenians and other Grecians to poison their criminals to death. It was by this means that Socrates is supposed to have died, though it is argued by some that water hemlock (*cicuta virosa*) was employed instead; however, it is generally acknowledged that conium was the ingredient in the potion administered, and the death scene is regarded as a classical proving of the drug in poisonous dose.

The death scene of Socrates is frequently referred to as an illustration of the specific drug action. The poison affected first the extremities, causing, according to Plato, paralysis of both motion and sensation, and, moving upward toward the central organs, produced death by asphyxia or cardiac paralysis. Therapeutists insist that it specifically affects the motor nerves, but the testimony is strong to the effect that the sensory periphery was just as much involved, for Plato informs us that "he who gave him the poison, taking hold of him, after a short interval, examined his feet and legs; and then having pressed his foot hard, he asked if he felt. He said that he did not. After this he pressed his thighs; and thus going higher, he showed us that he was growing cold and stiff. Then Socrates touched himself, and said that when the poison reached his heart he should then depart."

Plato, Paul of Ægeria and Xenophon, all describe the last moments of Socrates, and all agree that his extremities, especially his feet and legs, lost their sensibility and became stiff, cold and powerless, and that this state gradually extended upward until it involved the vital organs, when he died with a brief convulsion. Plato and Xenophon state that he talked with his friends and disciples to the last, showing that the brain was not influenced by the poison; at least not the intellectual faculties, if any at all.

Such powerful toxic action upon the nerves would naturally suggest a potent therapeutic effect in spasmodic nervous diseases; but such does not appear to be the case. I am doubtful that it will ever afford us much satisfaction as a remedy in chorea, tetanus, asthma, or whooping cough. The powerful toxic action manifested has apparently deluded certain therapeutists into expecting more from the drug than it is capable of performing, as a remedy on the same lines. Some drugs which manifest virulent specific toxic action are feeble therapeutic agents; while others, which are entirely free from toxic power, prove remarkably potent as to curative influence. This is strange and unaccountable, but we nevertheless know that in certain instances it is a fact.

The observations of Baron Störck furnished the principal data for the therapeutic use made of this drug by the older homeopathists. In fact, it is not the only agent employed by this practitioner that was

afterward appropriated by Hahnemann. Störck regarded conium as a remedy for profound derangement of the processes of vegetable life, and it is here that we will find it a truly reliable agent. The power to alter profoundly various tissues of the body belongs, apparently, to but few remedies, but conium possesses this to considerable degree, and this renders it particularly adapted to chronic affections. It is in chronic affections, in fact, that we will derive its best, and really only, valuable properties. As a remedy for acute affections it will never become popular. For stubborn inflammatory conditions of low grade, where recuperation seems arrested or retarded, then, in certain organs of the body, we will find it to possess specific virtue.

Conium has been studied from two points of view — from two characters or qualities of proving. In one, the effects of a single toxic dose have been taken into consideration, and therapeutic deductions made therefrom, while in another smaller doses, continued for a protracted time, have been administered, and the results carefully recorded. And the deductions therefrom would doubtless have proven more or less barren had not the clinical experience of Störck been made avail of in the beginning of his study of the drug by Hahnemann as a keynote.

The first class of provings, that made with single large doses, combined with the records of poisoning, judicial and accidental, are, to say the least of them, interesting reading, but they have really assisted little in placing the drug where it belongs as a specific curative agent. However, it demonstrates the action of the drug upon the peripheral nerves and upon the eye, for a subject poisoned with it becomes blind before death.

A man who ate a quantity of green conium plant accidentally mixed in a salad, when first noticed was staggering about, and complained of weakness in the legs. He tottered and staggered as if deeply intoxicated, though his mind was perfectly clear. Soon afterward his arms became helpless, and he was unable to swallow. Not long after this respiration became difficult, his eyesight failed, and death followed from asphyxia, though his intellect remained clear to the last, and his hearing was unaffected.

Dr. John Harley, of London, in the Gulstonian Lectures of 1868, describes a proving of this drug upon himself and another person, and assumes to predicate thereon its therapeutic use; though it is plain to be seen that he has borrowed from homeopathic authority, to some extent, in his therapeutic adaptation, for he recommends it in corneal ulcer, a suggestion which would never have arisen from the effects of a single dose. However, he remarked a powerful effect upon the muscles of the eye, as change of vision from one object to another was

attended by giddiness, and his fellow prover found herself unable to open the eyes for some time after the drug had developed its full force in the system.

Harley has been the allopathic authority since then for the use of the drug in various nervous affections; though why he should have recommended it as he did is difficult to see, from the result of his provings. A crude idea that a drug which would paralyze motor function would control spasmodic nervous affections seems his basis of reasoning. He believed that the drug acted primarily upon the motor centers in the brain.

The provings of Hahnemann and the deductions of Störck afford us a much better conception of the therapeutic field of this drug than those made from the single, toxic dose. Smaller doses manifest a predilection for the sexual apparatus, disturbing these organs, giving rise to erethism of sexual desire with feeble power in the male, and too frequent appearance of the menses in the female, with tenderness of the mammary glands. In both instances a sympathetic disturbance of the mentality arises, consisting of melancholy, irritability of temper, and dread of being left alone, accompanied by aversion to society. Pains in the testes and ovaries are also among the symptoms complained of.

Though the remedy is adapted to the mental symptoms of the chaste unmarried male and of the hysterical female, it may also be applied to mania in its various forms, though those of sexual perversion are more appropriate subjects.

Indurated lumps in the mammary gland furnish another clinical use for the remedy. Here we will find it as applicable as any of our specific remedies to chronic disease. We can not expect the prompt effect that will follow the treatment of acute affections, but a fair trial will convince the most skeptical that conium is a true specific for non-malignant mammary indurations not due to scarification.

The writer has no experimental knowledge of the action of conium in indurations of the testes, ovaries, or uterus, but it is vaunted here by homeopathic authority. As much may be written of its action in lymphatic indurations, though from results in other cases it seems as though it ought to be useful.

The eyes readily respond to the influence of conium. Provers of the drug assert that its continued use results in smarting in the canthi, with itching and piercing pains; aching in the eyeballs, aggravated by use of vision; occasional conjunctival irritation, with acrid lachrymation; photophobia; luminous spots moving in front of the eyes; redness of the conjunctiva, with thickening of the margins of the lids, etc.

The writer's experience with conium in affections of the eye has

been limited, but very satisfactory. A city practitioner seldom prescribes for ocular affections until after the specialist has had a trial. Few cases therefore reach him unless the specialist is a bad therapist, which, I find, is occasionally the case. The two cases which follow will illustrate some of the clinical effects observed by the writer in eye troubles:

In 1904, a rancher brought in his little girl, a child of three years, who had accidentally received a thrust in the face from a sheaf of bearded wheat while playing in the harvest field. Little was thought of the injury at first, but after the acute symptoms subsided the eye continued painful and sensitive to light. Photophobia was so severe that the child constantly kept the lids firmly closed, and could not bear to have them opened. An oculist was consulted, who prescribed some kind of local application to be dropped in the eye, and who was visited several times within two months, but no relief had followed. In addition to the photophobia I found the eye tender and sensitive, the conjunctiva somewhat inflamed, and the corneal surface suggestive of opacity. Little lachrymation was present. I put up a pint bottle containing specific conium one drachm, alcohol one ounce, with water added to complete the mixture, and ordered a teaspoonful four times daily. A few weeks afterward I met the father and was informed that the child was quite well. She recovered before the medicine was half gone, and it had been discontinued. No local application.

Another case, of different character, was encountered less than a year afterward. The trouble here seemed to be retinal in origin, for no superficial inflammatory action was observable, and there was no history of traumatism. The patient was a lady of about 55 years of age, who had been plagued by a glimmering of light before the eyes for several months. Added to this were headache and photophobia, restlessness at night, and nervous irritability during the day. No tenderness of the eyeball. The glimmering or waving of light was worse in the evening, during artificial illumination, but was also very unpleasant during the day, and she was compelled to wear colored glasses in order to get about. She had been in the hands of an experienced oculist for three months without deriving any benefit. The prescription of conium just described was administered here, though it was alternated with *kali mur.* 5x. It required two months to complete the cure, but complete recovery followed. I do not know enough about diseases of the eye to name the affection, but I know the remedy cured, and that was what pleased the patient.

Both Harley and Dunham, one allopathic and the other homeopathic, claim to have cured ulceration of the cornea with this drug. Harley's case had two drachms of the crude drug every other day, and



Dunham's a single dose of the 200th attenuation every few days, with placebo of sugar of milk between times. Harley's recovered in three months; Dunham's in one month. The advantage evidently rests with the infinitesimal dose here. I do not doubt the statement. I have seen just as remarkable cures with high potencies myself, though I have never used them. "There are more things, Horatio, —."

I have never tried conium in cough. Dunham remarks that it may be useful in whooping cough, when upon the spasmodic affection a subacute bronchitis has supervened. The cough in which it is recommended by homeopathic writers is dry and spasmodic, liable to be provoked by laryngeal irritation, and worse at night. It might be an element of resort in a case of whooping cough, but apparently does not bear a reputation as a specific in that condition, as do some others.

Conium has interested me very much within the past few years. To those of my professional brethren who devote themselves largely to the treatment of chronic diseases, I would suggest a study of it. Those who devote themselves largely to acute practice will get little help from it, I surmise. It is a remedy for chronic conditions, in which recuperative processes are at fault, and here we must look for its specific indications, which I hope will be better written down some time in the near future.

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### DRUG PRESCRIBING.

By Pitts Edwin Howes, M. D., Boston, Mass.

The title M.D.—what does it stand for in the eyes of the people? What among those who have similar titles?

The people regard the possessor of the symbolic letters as one who is capable of prescribing something that will relieve them of all the ill flesh is heir to, while his professional brethren put upon them a less broad signification. To them they mean that their owner has succeeded in passing the various professors of some medical school, whose examinations are more or less severe according to the standing of the institution.

The young M.D. is frequently told by his instructors, when graduating, that they have simply taught him *how to study*. That his real life work is now before him. That he must go forth and apply the principles which he has been taught. That, in order to be a success in the practice of medicine, he must be a constant student. That each patient must be a separate case all by himself, and so studied and so treated. At least these are the instructions given by professors in Eclectic Medical Colleges.

The real meaning of the medical art — for it is not and, from its

nature, never can be a science — is the healing of the sick, or the relieving of distress in those who are incurable. In order to accomplish these ends means must be used. It may not always be done by the use of drugs — for other things, such as food, care, air and sunshine are essential — but it can not be gainsaid that drugs occupy a large place in producing these desirable results. Almost all practitioners, of experience, will say amen to this proposition.

Why is it then that so many medical colleges in this country are so deficient in teaching what is the keystone of the arch of medical practice?

They do graduate students, in large numbers, who are proficient in anatomical knowledge, who can describe with rare skill all of the pathological conditions, who can manipulate the microscope with great expertness, who are well versed in all forms of physical diagnosis, and have no trouble in *correctly naming* the lesion, or lesions, from which their patients are suffering.

All this they can do, and do well, but when they come to the most important part — that of treatment — they are at a loss to know just what to prescribe. In other words, all of their knowledge — excellent in its place — has not been able to guide them in their efforts to dispel the troubles of those who employ them. They prescribe at random and use some of the many drugs that has been said to be beneficial in those diseases which their skill in diagnosis has enabled them to say exists. Such methods of treatment rarely produce good results, and it is not strange, therefore, that the adherents of such a system soon lose faith in medication and become therapeutic nihilists. Those who still possess a little faith in the use of drugs, form the large class who are constantly drifting from one fad to another and have no fixed method of treatment.

To prescribe drugs intelligently one must have a thorough knowledge of drug action. Not only in its large physiological dose, but also in those of all sizes down to the very minutest which is capable of producing good when administered in certain conditions. This is a large field and requires constant study.

Again the idiosyncrasies of your patient will always play an important part, and they have to be learned by actual experience. There are no rules whereby they can be committed to memory. For instance, I had at one time, among my patrons, a family to none of which the smallest amount of morphine could be given without producing extreme wakefulness, and yet, a very small dose of Dover's powder would induce refreshing sleep. Such instances could be enumerated almost without number. And any physician, with much experience, can supply them with equal facility.

Many people wonder why the Eclectic practice is more successful than that of other schools. It is not, as sometimes stated, that they do not treat such severe cases, but because of their more thorough knowledge concerning drugs, and their action in different sized doses. This power to adapt drug medication to the varying conditions which tend to throw the physical part of man out of its normal condition, is *the key* to the unparalleled success of the Eclectic physician.

By many, who have not investigated our methods of cure, we are thought to be extravagant in our claims for specific medication. This expression of disapproval is caused by the misunderstanding and misapplication of the term — specific. They apply it to the disease, which by their diagnostic ability they have named so and so, and contend there are no specifics for disease. In this respect we agree with their conclusions. Our use of the term “specific” is applied to conditions which are manifested by certain indications. These indications point to the use of explicit drugs, the size of the dose being modified by the surrounding circumstances.

There is no question that the method of prescribing drugs, as indicated by what is known as “specific medication,” is the most rational of any that has ever been practiced. That it is the most successful may be easily demonstrated.

Possibly the principal reason why it has not been adopted more generally by the profession at large, is because it requires the physician to do his own thinking. The specific medicationist must analyze each patient, and not only that, but the special analysis must be continued each time the patient is seen. For as the patient's conditions change so must the prescribed drug. Doubtless there are cases where the same drug is indicated, and can be continued with advantage for a considerable period of time. These cases are not so frequent, however, as to make it a general rule.

The method of specific medication — prescribing special drugs for special indications — is as much superior to the early Eclectic methods of infusions and decoctions, as they were superior to the depleting and depressing measures of the Old School which were in vogue when they first began to be practiced.

The Eclectic school has progressed in a more rational line than that of any other system of medication known to mankind. Its adherents are stronger to-day than ever before, and additions are constantly being made from the ranks of the other schools. Show persons conclusively, that by adopting our system of medication they can do better work, even if it is at the expense of extra effort to themselves, and they are ready to embrace it and become enthusiastic defenders of its virtues.

While much has been done in the realm of drug action, and many things have been definitely settled concerning such action, still there is no time to rest in our endeavors. There is not a drug, which we use, that has yielded up its entire possibilities. We should be constantly watching for data that shall prove valuable in the further adaptation of drug action to the restoration of the normal condition of mankind.

Not only this, but we should continually be on the outlook for opportunities to inculcate our ideas, our methods, our medication upon those of our professional brethren, who are at all dissatisfied with their own system which has many times been weighed and found wanting.

Eclecticism, in the past, has been mainly on the defensive, and she has fought a good fight. It is time, however, for us to change our mode of tactics, and advance upon the system of doubt and failure. We should win new recruits for our banner, which is destined, in the days to come, to wave almost universally over medical opinion and medical practice.

When that day comes therapeutic nihilism will fold its wings and flee away, and drug prescribing will be upon a more rational and solid basis.

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### COLLES' FRACTURE.

By W. B. Church, M. D., Cincinnati.

This has been by far the most frequent fracture in my practice. The victims have included all ages and both sexes. The earliest of these gave me a good deal of trouble and anxiety, because of the pain attending the whole course of the treatment; the more or less prolonged period of stiffness and disability, and, in many cases, permanent deformity following the removal of the dressing. My chagrin and mortification increased with each case. I attempted to ward off blame by quoting authorities, including Professor Howe, to the effect that in many cases "the deformities following Colles' fracture present unmistakable characteristics, whether treated well or ill, or not treated at all." My patients were only partially satisfied, and I was conscious of the weakness of my defense. It was far from satisfactory to fall so short of complete repair of a surgical lesion. The conviction was forced upon me that there was either failure to reduce the fracture, or failure to maintain the fragments in apposition. The deformity was overcome by traction, but would immediately recur when extension was relaxed. The problem seemed to be how to apply fixation dressing, while extension and counter extension were maintained. The pistol-shaped splint seemed best adapted for this attempt, and was generally chosen. It was my custom to apply this properly padded, while two assistants were

making all possible effort to maintain extension and counter extension. The greatest pains and thoroughness resulted only in slight modification of the imperfect results reached before. At length, in sheer desperation, I experimented on a case until I found a more excellent way. Partly by accident it transpired, that if transverse extension, with hand flexed on forearm at right angle, was added to longitudinal, it made an end of the deformity, with no tendency to recurrence. Subsequent cases were as much a delight as they had previously been a terror. I recall the case of Mr. J. H., who suffered this fracture in both arms, while on a car on the C., J. & M. Railroad, near Marshall, Mich. The rails spread, and the car was overturned in rounding a curve. Both were bad fractures; in one the lower fragment was comminuted. As considerable time elapsed before I saw the case, both arms were much swollen, and the suffering extreme. Immersing the arms in very hot water, with massage for an hour or more, relieved the tense swollen members to a degree admitting adjustment. One of these cases, the one with comminution of the lower fragment, gave unusual trouble, and did not recover promptly. It remained stiff and painful for a considerable time after the other was fully restored. After the usual manipulation, the subdivisions of the lower fragment would fall apart, permitting shortening of the forearm, and consequent projection downward and outward of the styloid process of the ulna, with apparent bending of hand toward the radial side, and the characteristic increase in the transverse diameter at the wrist. However, the difficulty was nearly overcome by applying a strip of adhesive plaster closely about the wrist during traction, which served as a support to the fragments. Some six months later, Mr. H. entered suit for damages against the railroad company in the District Court at Toledo. My testimony for plaintiff recounted his condition and treatment, as set forth above. The company introduced two surgeons who swore that, in their opinion, the plaintiff had never suffered Colles' fracture, because he did not present the characteristic deformity which always followed Colles' fracture, and which no treatment could prevent. This defense might have been accepted but for the fact that one arm, as already related, did display this deformity to a degree sufficient for the court to recognize it when the two arms were compared. A verdict was given the plaintiff.

Those of my readers who have files of the *E. M. Journal* will find, in the April (1883) number an article on this fracture. A rereading of it at this time suggests no material change, either as to the pathology of the lesion, or the method proposed for adjustment.

There has been, in the mean time, decided improvement in the management of Colles' fracture, so that it is no longer a rare occurrence

for it to be successfully treated, with little or no subsequent deformity. Furthermore no modern work on surgery represents it as necessarily entailing permanent deformity. Nevertheless there appears on the streets not infrequently an arm dressed with the pistol-shaped splint, and, as might be expected, many cases continue to consult us for relief from stiffness and pain, remaining long after the removal of all dressings. Our Professor Russell has recently advised that such cases be treated by forcible flexion and overextension of hand and fingers, breaking up all adhesions of tendons and fascia, claiming that the hand and arm will thus be restored to usefulness much sooner than if untreated. The suggestion is undoubtedly a good one, and so long as we continue to have such cases it will be well to keep it in mind. We can not forbear insisting, however, that such stiffness and disability are due to incomplete adjustment; that the inflammation which produces those conditions will not attend cases properly treated. If this contention is well taken, it follows that correct methods of primary treatment are of first importance. If pain continues after an attempt to reduce the fracture, it should always be regarded as proof that the attempt has not been successful. Again, if deformity occurs immediately after the extending forces are relaxed, it will prove failure of the effort to adjust.

Another valuable test of complete adjustment is afforded by the relative position of the styloid process of the ulna. Normally it is in a higher plane than that of the radius, but in this fracture the positions are reversed, the radial styloid being higher. If, then, complete adjustment is made, it will be seen that the styloid process of the ulna is raised up to its normal position above that of the radius, and that it remains there instead of sliding down to its previous vicious position after the extending force is suspended, and the arm is laid to rest.

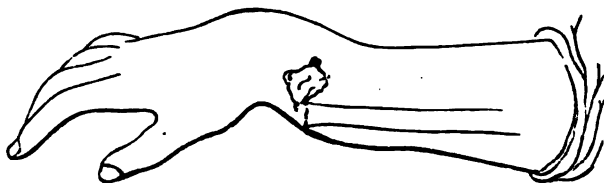
After complete adjustment there are no muscular or other forces tending to cause displacement. Therefore any light dressing will serve, and this may be removed every day, if desired, and massage applied, without risk of disturbing the process of repair. To illustrate the treatment herein advised, I take the liberty of quoting from a recent interesting paper on "Fractures," in the *E. M. Journal*, as follows:

"In Colles' fractures I reduce them by extension, and pressing the parts back in place, and apply the dressing snug as possible. In one case, 72 years old, I did not get good results, for after the first few days they would tamper with the dressings in spite of my warnings."

With no disposition to be captious, even admitting that the report shows a management better than the average, a suspicion creeps in that in this old man's case the attempt to "press the parts back in place" was not altogether successful, and because of this, the snug

as possible dressing produced more pain than he could stand. Possibly the results might have been worse than they are if they had not tampered with the dressings. His age did not preclude good results. A snug dressing can not in any way supplement incomplete adjustment.

The accompanying figure represents the mechanism of a typical Colles' fracture. Transverse, about  $\frac{3}{4}$  of an inch above the articular surface. The lower end of the lower fragment tilted upward and backward. The lower end of the upper fragment downward and forward, its dorsal border driven into the lower fragment, sometimes so forcibly as to split it into pieces, constituting a comminuted fracture.



It is plain that traction will cause both fragments to lie in nearly parallel lines, but not in the same plane; the palmar edge of the lower will still impinge upon the dorsal edge of the upper fragment. Efforts at this point to press the parts in place are likely to fail, and often do fail, because of interlocking of jagged ends of bone. If, however, while maintaining extension, the hand is flexed on the wrist at right angle, grasped for the purpose by one hand of the surgeon, whose other hand grasps the patient's arm just above the seat of the fracture, everything will be favorable for the final decisive step. Extension and counterextension by the surgeon in a direction transverse to the traction first made, easily unlocks the fragments, and drags the lower forward until the entire fractured surfaces are opposed. The shortening of the forearm by thus interposing the full length of the radius is overcome, and this enables the styloid process of the ulna to maintain its proper position from which it was driven by the accident. As already stated, there is no tendency to displacement. Except for the risk of accidental violence, no splint is absolutely necessary. Any light splint, except the pistol splint, may be lightly applied, to extend from elbow to metacarpo-phalangeal joints. This should be removed often for instituting massage and passive motion. After three weeks, in case of children, or four in adults, no further attention is necessary, and full use may be enjoyed in six weeks. In fracture of any bone, in the vicinity of a joint, it is first of all important that the fragments be brought into accurate apposition, otherwise there is sure to be more or less inflammation of the tendons and fascia, producing adhesions, contractions and deformity. It is always to be remembered that success in the management of fractures depends far more on accurate

adjustment than on all other methods of subsequent treatment. This is well exemplified in fracture of the lower end of the radius. It is hoped the directions herein presented for adjusting, together with the tests to be applied for determining when it has been effected, will help recent graduates to successfully treat this most common of all fractures.

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### WE WANT FACTS, NOT FANCIES.

By L. S. Downs, M. D., Galveston, Texas.

To the experienced physician there is a sense of the ludicrous in the average article on drug action. In fact, some of our medical journals are being filled with therapeutical bosh.

The average physician is too optimistic in his observations on the specific action of his remedies, and too ready to rush into print to exploit his wonderful results.

No doubt I will be censured for my criticism, but I will endeavor to be fair by condemning my own former crudeness. Like the average tyro, when I commenced the practice of medicine, I could readily ascertain the specific indication in every case, and seldom failed to eliminate, eradicate and everlastingly annihilate said symptom with the indicated remedy. The only difference between now and then is, that now I know better, while then I did not.

This is no doubt the case with others, but time does not adjust all things for all men, for we have many old tyros in medicine.

Year after year I sought for and treated the specific pathological manifestations. Each year they have become less apparent, and my results less marked, and now, after twenty years of observation, it is a rare case when the direct action of a remedy is so apparent.

The reason for this is not so obscure. Twenty years ago I gave the indicated remedy and looked for results, which were readily attained, for most of my cases got well. I did not know then that ninety-five per cent. would have gotten well without medicine. I now look for the pathological condition, search out the cause, which I can generally remove, after which the specific medicine never fails to cure.

But says one, "My dear doctor, can you always find the cause?" No, but I can find it as readily as I can the result of the cause, or the symptoms. "Yes, but can the cause always be removed?" No, not always, nor will specifics always act specifically. If there be a deteriorated leucocyte, or a depleted nerve cell, transmitted from a degenerate ancestry, the probabilities are that no permanent benefit can be obtained from any form of treatment, but let the malady be of the ordinary



every-day kind, and nine cases out of every ten the cause may be ascertained and removed. In fact nature, if left alone, will generally eradicate the trouble.

Then again there are a multiplicity of means and ways whereby disease is cured. Environments have much to do in healing the sick, either of mind or body, climate, altitude, topography, atmosphere, winds, sunshine, shade, business, food, raiment, religion, nationality, habits and a thousand other influences make for a man's good or evil. Our dispositions and our temperaments and those of our friends are factors in the great problem of disease and its elimination.

Accompanying the above is the physician's personality — with every dose of medicine goes the doctor's mentality and personality. The one great factor that towers above all others in the cause and cure of disease is the sympathetic nervous system. Not a cell, not a fiber of our physical or mental makeup, but what is touched and controlled by these wonderful, but delicate and sensitive nerve filaments. A million forces are here exerted, the result of which is blank speculation, and yet the egotistical physician will search out a diseased manifestation to which he applies his specific, counting all results as the direct and positive action of his remedy.

About one year ago a young man came to me to be treated for a rather aggravated eczema all over the body. He had tried various remedies and many physicians with negative results. To make a long story short, I examined his bowels and found a posterior rectal ulcer, which I removed, and in two weeks the indicated remedy, Nux, had cured the disease.

A boy four years of age had been ailing for more than a year. Symptoms: Face pale, skin and eyes yellow, eyes large and sparkling with dilated pupils, tongue broad, full and coated yellow, no appetite, bowels irregular, much abdominal pain and occasional convulsions. Gave *santonin* until the *primæ viæ* were cleared of worms, and then gave the indicated remedy, Nux and *Chionanthus*, and a cure was the result.

Some two weeks ago a young and apparently healthy woman came to my office for treatment. Symptoms: Exhaustion, weak and trembly in lower limbs, dyspnoea, despondency, cried while talking to me and deplored her inability to control her feelings. No appetite, slept badly, with horrid dreams. My diagnosis was cervical irritation, but she would not consent to examination, because she had no local evidence of any pelvic trouble. Not caring to insist on an examination, I concluded to try the indicated remedies, *Pulsatilla* and *Ignatia*, which were continued for two weeks with negative results. She then consented to examination, on which I found the whole of the *endometrium*

involved in a subacute inflammation which I proceeded to eradicate, after which I hope to cure my case with Pulsatilla and Ignatia.

There is no physician of experience who could not report case after case similar to the above, and when we think of the manifold causes and the various means of curing disease, how careful ought we to be in reporting the specific action of any drug.

In view of all these facts, it is readily seen that only with the greatest care and diligence can we hope to arrive at the true and real specific action of any drug.

I am not decrying Specific Medication. Specific Medication is all right. It is the Specific Medication Doctor I am after. My object is to remove from the shoulders of Eclecticism the great burden of spurious medication.

No experienced Eclectic of to-day, with honesty, can claim to have demonstrated beyond a question of doubt the tenth part of the specific action, claimed by our authorities, of any ten drugs, let alone the hundreds in our materia medica. This being a fact, which no one will dispute, how necessary it is for him then that the great bulk of his therapeutical knowledge, which is borrowed, be reliable!

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#### LLOYD'S FOREIGN LETTER—No. 2.

SMYRNA, TURKEY, March 26, 1906.

MY DEAR DR. SCUDDER:—A series of studies, such as I am making, is increasingly interesting and instructive. After having all one's life obtained second-hand information concerning Oriental drugs and products, it is refreshing to meet them in their homes, and to become acquainted with the methods of collecting, sorting and preparing them. Indeed, I can not but feel that I have done myself an educational injustice, not to have more than once made the effort to learn what a person concerned in drugs should know at first hand. I am quite of the opinion that, for more reasons than one, it would have been the proper thing in behalf of the Eclectic school, had I made such excursions as this long ago. As a school we are not restricted; as a school we should, in our literature, have authentic records from within ourselves. There is no reason why we should not be first hand as authority for Oriental products, as well as for American drugs, and if I am successful to the end of this journey, as I have been to date, I feel that we shall have added much to the world's exact knowledge concerning many remedial agents seen in commerce, but which come from out the far Oriental lands. But enough. My object is not to intrude professional study, however interesting it may be to me, in a letter.

The methods of life of the Orientals are very instructive. The foods are often somewhat peculiar, as also are the creatures eaten. But we do not have to go to the land of the Turk for examples. In Naples we find most striking instances.

Whoever visits Naples makes a mistake if he misses the great *Aquarium*, the most complete in the world. Indeed, the world of science contributes to its support. Our Smithsonian Institution makes to it annually a donation of money. Here are to be seen the sea creatures of the Mediterranean, alive and content. In great glass compartments are the many swimming and creeping things that live beneath the surface of that semi-tropic sea. Separated are they from each other, because most of them agree about as do the lion and the lamb. Here we see a tank in which we behold a number of creatures that somewhat resemble a great brown shoe, with two glaring eyes in the heel. From beneath come eight arms that everlastingly stretch out and again contract, like india rubber. They project themselves, now here, now there; they grasp whatever they touch, they seize a bit of food, and then the arm contracts. Into the stomach beneath the eyes of the creature it is irresistibly drawn. But while this is occurring, the other arms are stretching in and out, are slipping up and down, are searching near and far for anything possible. The creature moves as though it too were a prey of these rubber-arms, which stick by rows of suckers to whatever they touch, and which have the power of grasping a man and drawing him down to the ocean's depths, as easily as they do an unfortunate fish. This is the *octopus*, and the Mediterranean Sea is filled therewith.

Next we turn to a tank in which at first glance we see only rough stones and sand, but on closer examination we perceive that some of the rough stones are *alive*. They are fish that have the power of imitating the objects among which they lie, both in color and form. This one is reddish, that one is brown or black or yellow, in accordance with the objects near at hand. Hideous creatures are they, lying there silently, awaiting a fish that fails to perceive that stones such as they have mouths. Now the sand *moves*, a darting creature rises from it, and then slowly settles down — to become *sand* again. It is a great flat fish that, now we have located it, is seen to lie so close to the sand, and to so nearly resemble it, as to make it impossible to tell where sand ends, and fish begins. There are others about; we see their still eyes looking upward, but no one can trace their bodies.

The next tank contains crabs, with legs two feet in length. There are tanks of coral, of sharks, of transparent squids, the cuttle fish, and hosts of fish and creatures of all colors, shapes, sizes and habits. The water is as clean as air, the creatures live before our eyes, the

most instructive object lesson of the world concerning aquatic life of this most interesting sea.

Go now to the market place in Naples. There we find the same hideous creatures, — *sold as food*. Here are baskets of the *octopus*, the same rubber-like arms, the same glaring eyes. This basket may contain a number of small ones, that basket a few arms chopped off from a very large one. Here are the repulsive fish that resemble stones, there the transparent squids, next the cuttle fish, not less unsightly. In fact, whatever the sea breeds, seems to be a food for man, or to feed upon man. It is a question, I take it, as to which is the stronger. Sometimes the man eats the octopus, again the octopus eats the man. Whoever travels as I am now traveling, needs leave his squeamish stomach at home. Ask no questions. Eat whatever others eat. That is good philosophy, and it is good breeding, too. Withal, it is but a difference in education. The man who eats the slimy oyster or the slippery clam needs not criticise him who considers the octopus a delicacy, nor yet should the man who eats lobster be sensitive or impatient if his host serves him a not less ungainly horned creature instead.

I will close by saying that I have left my family in Smyrna, a city under the dominion of the Sultan of Turkey. I am on my way down the Red Sea to the port of Aden, just around the lower point of Arabia. There I expect to have exceptional opportunities in the way of exact information concerning some subjects that I wish to investigate. Thence I shall return to Turkey, and spend as much time as possible among the Oriental products of that country. It is a land of richness in many directions that concern medicine, and both the people and the officials of the various governments spare no effort to give me the opportunity to do well my work. I am taking a great number of photographs in the way of drug studies, as well as of life conditions. I hope to classify these on my return, and by such illustrations make effective and instructive lessons on special subjects.

With kind regards to all, I am,

Sincerely yours,

JOHN URI LLOYD.

Do not give a good prognosis in cases of melanosarcoma of the fingers or toes, no matter how small the tumor may be, and no matter how high the amputation is performed. In the majority of cases these patients succumb to metastases.

It is a good rule to always inspect the labia before making a vaginal examination. Many pathological conditions in these parts may otherwise pass unsuspected.

American Journal of Surgery.

**THE PATHOLOGY OF SPECIFIC MEDICATION.\*****By Wm. P. Best, M. D., Indianapolis, Ind.**

In the past our noted men were wont to pride themselves on having the world of medical knowledge from which to choose and learn. They then adopted all good points, arranged them on the basis of past experience, and to this all the recent information attainable was added. Terse, pointed, and systematically arranged statements of these truths formed a working basis, giving then, and even yet, far superior results to any obtained by the ordinary or dominant system of medicine.

However, if we become, like our neighbors, so egotistical and narrow as to close our eyes to advancements in any and all lines, we shall not only cease to do well, but shall lose our pre-eminence, and be unworthy claimants for further patronage and confidence.

Recent years, the last two decades, have seen a revolution in some of the pathological theories.

Dr. Scudder, and many other men of his time, took the advanced position concerning the cause of many diseases, such as typhoid, malarial and scarlet fevers — in truth they held that they were caused by animal or vegetable poisons or miasms, the nature of which the investigations of the times afforded little knowledge.

Recent pathological investigation has given to us some apparently well established facts concerning these materials, but little improvement in the methods of treatment, except some attempts to establish a specific treatment for certain microbic diseases.

If these newer ideas of pathology contain some elements of truth, we of all people can ill afford to stand idle, and not develop our system to keep abreast of any advancement made by any or from any source. We can not afford to take the place we have always accused our Allopathic friends of occupying, and refuse to see the light that some one else has uncovered.

Fortunate we are, in the fact that our treatment has advanced, and unlike that of the dominant school, changing pathology has not left our treatment still unsuccessful.

Any gain in science must be our gain. We stand ready to advance with all, giving credit to whom credit is due, and if any profit to medical science is to accrue from bacteriology, we want it.

The success of our advanced ideas of treatment is very fortunate indeed, but we should be honest with ourselves, at least, and admit that it is so, not because we have made great strides in keeping up, but, in part at least, in spite of our hanging back and refusing to keep up with the lead.

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\*From special course of lectures delivered at the E. M. Institute, March, 1906.

The theory of the cause of typhoid fever, held and taught two decades ago, is no longer tenable. It will not do for us, or any others, to cherish these old half-developed truths, and close our eyes to the pathology which is acceptable to all around us, and allow our young men to enter the field handicapped, when they come to compete with their fellows, who are well equipped with all the pathology of to-day. If Eclecticism and Specific Medication have any foundation, it lies in the truth, and *this* is the pathological truth. It is the pathology we must understand, and understand it in a more thorough and specific manner than others, if we would continue to base our application of drugs on Specific Medication.

Dr. Scudder gave us the best there was when he wrote of the causes of typhoid fever: "The predisposing causes of typhoid fever are all such as greatly depress the vital power of the system, either temporarily or permanently; and we might say, with truth, that no person, unless originally of feeble vitality, or laboring under some cause that produces depression at the time of exposure, can have primary typhoid fever. It is true, that if the cause acting upon the system was very intense, the disease might be rapidly developed. . . . As typhoid fever has a definite localization in the glands of Peyer, it has been supposed that it was always produced by a specific typhoid poison. While this is a matter of doubt, it would not, if true, conflict with what is here stated above."

Would he to-day, if living, close his eyes to the progress of twenty years, and not correct the misconceptions of two decades ago? Or, would he now refuse to adopt the fully developed theory that then was only conceived in part for lack of light?

If the principles of our system were true then, and could be made to operate successfully, handicapped by the lack of facts now understood, why can we not work better, more scientifically, and produce better results now, in the light of recent discoveries?

A remedy is no less a remedy when we, or some one, happens to stumble upon the truth concerning its action, or the pathology which it corrects. We must move up a notch, readjust our bearings, make our researches in the light of more truth, and produce better reasons for our existence as we progress.

The treatment of pneumonia is not any less successful with Eclectics now than before the discovery of the pneumococcus. It should be, and we trust is, more successful, all things being equal. We do not wish to be of those who are less successful as pathology unfolds itself.

We do not give aconite because the diplococcus lanceolatus infects our patient. Nor because fever exists. But for well-defined reasons growing out of the fact that the cause of pneumonia is producing cer-

tain effects, among them inflammation of the mucous membrane, sub-mucous, or pulmonary tissue. The profound influence of the irritating cause, be it toxins, cocci, or mechanical injury, overcomes the regulating influence of the vaso-motor nerves, and allows a small, frequent pulse to tell us of the existing state. We know, by experience, that we may aid nature's efforts to carry away and excrete the substance, of whatever nature, by keeping the circulation free from any obstruction. The small and rapid pulse tells of obstruction; aconite renders the aid to better circulation.

Aconite assists the circulation by its inhibitory effect upon the heart, but chiefly through its effect on the vaso-motor centers, thus regulating the caliber of the vessels, giving freedom to the blood current, and consequent uniformity of blood distribution. The accomplishment of this permits normal glandular action, noticed in the moistening skin and tongue and mucous membranes, and favors the efforts of nature to remove the morbid or irritating substances by excretion. If toxicity exists, it assists the organism to produce the necessary antibodies or substances which neutralize or antidote the toxins, for normal resistance must be based on the ability of the glands to do normal work.

Pathology and physiology make up the necessary elements of our logic. We must know the normal, and we do the most good the most times by working in harmony with nature.

There is a disposition among our critics to charge us with not studying pathology, or with having no knowledge of pathological conditions, and that we are governed by symptomatology alone. The truth is the critic is either misinformed or willfully misrepresents, and he is not excusable for either.

True, our system has no writer who has devoted his efforts to the task of writing a work on pathology, and we may have seemed backward in accepting every pathological theory announced; but our literature everywhere abounds with demands for a full understanding of physiology and pathology, being willing to base our investigations on the pathological researches of the world's best writers, using, as we do, reliable information from any source in the medical world.

But our teaching, writing and practice speak for themselves to an unbiased observer, and information concerning our peculiar practice should be sought from us or our literature, and not be accepted second-hand from some uninformed or biased critic.

Holland, in his recent (1905) "Medical Chemistry and Toxicology," says: "In the cells of bacteria are built up poisonous substances, which may be retained, or pass out by diffusion." That "Toxemia is produced by the absorption of toxins from the diphtheritic membrane

in the throat," or typhoid bacilli, "as they die from day to day, their intracellular toxins are set free and cause the fever of a septicæmia, or bacteræmia, until they are all gone."

If we take the advanced point of granting this theory, it matters not to Specific Medication or the Specific Medicationist. We only move up to it, readjust our theories, base them on the facts (not build up a theory and distort the facts to support it), and then show why we are yet ahead of all, and that pathology guides us in the selection of a remedy or remedies.

Dr. Lyman Pike said, in the hearing of the writer, that he never lost a case of diphtheria after he began the use of echinacea. Why? The doctor met the pathology, he removed the cause, but left the theorizing to others.

The Klebs-Löffler bacillus causes diphtheria. We have the toxemia. We have the local and general symptoms. Can we reach them? Yes. The toxic conditions resulting from the infection produce certain results or phenomena, which to us read like a book, giving the written description of the existing conditions.

The toxins of the bacillus typhosus are set free when the bacilli have died and become macerated, and the varying phenomena, designated typhoid fever, result.

Pneumonia, diphtheria and typhoid fever are three important and ubiquitous diseases, which recent investigations have classified among those due to micropathology. In each of them we find phenomena which we must meet, and can meet specifically. The results, when compared with the treatment and results obtained by the allopathic system, are very favorable to us.

Not only is aconite found useful in each of these diseases, when the phenomena call for it, but disturbances of innervation from toxemia, or actual microbic invasion, produce symptoms calling attention to other pathological wrongs, which just as plainly demand certain remedies for their correction.

An active delirium, accompanied with bright eyes, contracted pupils, flushed face and restlessness, gives a clinical picture of phenomena which may be the result of toxic, or microbic, disturbance of the nerve centers. The irritation, here as elsewhere, invites an oversupply, or determination of blood to the parts, and during this stage of the pathological disturbance, excessive pathological activity of the nerve centers produces the phenomena referred to, and a part of a good treatment will be to relieve the center of all power of any embarrassment.

Experience has well proven the ability of gelsemium to relieve the brain irritation, aid in restoring normal circulation of the centers, and allow restitution of normal activity. We do not expect the impos-



sible of gelsemium. If it be that any other remedy be prominently indicated, it will, of course, be administered with the nerve sedative.

If the opposite condition — congestion — exists, we have somnolence, dullness, blanched features, dilated pupils, and an expression of general inactivity of the mind. Belladonna is not a germicide, nor an antiseptic, but it favors the removal of the congestion, clears the accumulation of blood due to inactive circulation, and the forces rally to carry out the defense of the system from the inroads of disease. What belladonna does in such a case we may confidently expect of it in all like cases presenting like phenomena.

Probably it would be more popular to speak of antiseptics, agents which make the existence of toxic material, or toxic producing material, and germs, more difficult or impossible. Unfortunately the germicidal treatment of many diseases has not come up to expectations, since the advance made in germ pathology. The effect of the germicides has, many times, been as disastrous as the effect of the germs themselves.

But we have a number of antiseptics that, given with proper care, and under proper conditions, do no harm, and work to the advantage of the patient.

In either of the bacillogenous diseases above mentioned, toxic conditions produce phenomena which are unmistakable, and which experience has proven are overcome by remedies applicable to the peculiar condition upon which the phenomena depend. Whether or not alkaline or an acid condition of the blood favors or retards the development of bacilli, or toxins, it remains unquestionably true that certain phenomena of these diseases are worse when either extreme exists.

In either or all of the diseases under immediate consideration, diphtheria, pneumonia or typhoid fever, and likewise all others, when the pathology is such as to cause or permit excessive acidity, the action of otherwise indicated and reliable remedies is unsatisfactory, and the progress of the disease unfavorable.

We not only have a correct index to these conditions, but the indications are specific in their demand for the administration of an alkali. When the tongue is white or pale, mucous membranes pale and relaxed, a salt of soda is thought of; usually the bicarbonate of soda.

If the pale tongue has upon it a dirty or grayish coat, sulphite of soda will remove the coat, and with it the conditions permitting or causing it. In either of the cases a soda bath will aid materially, and produce much comfort for the patient. If the bowels are distended with decomposing material and gas, tongue loaded, breath foul, free catharsis from sulphate of soda or magnesia will produce effects truly surprising to those not in the habit of thinking in this way.

The toxic matter of acid reaction is not only neutralized, the saline

acting as an antiseptic, but the glandular system awakens to renewed activity, unloading the accumulation of toxic material, which clears the way for normal functioning, and better results from further indicated medication.

[To be Continued]

## STATE MEDICAL BOARD DIRECTORY.

Last month we issued a sixty-four-page pamphlet containing the various State Medical Board questions previously printed in the Journal, and a two-page directory giving the various information in regard to each board. In spite of all our efforts, and comparing our records with those issued by the New York State Board of Regents, a number of errors have crept in which we wish to correct. Part of this matter was printed on page 229 of the May Journal. These corrections should be carefully noted.

**CALIFORNIA.**—The Eclectic members are Dr. J. B. Mitchell, San Francisco, and Dr. J. C. Bainbridge, Santa Barbara.

**COLORADO.**—Examination fee, \$25.00.

**CONNECTICUT.**—Three separate boards. Eclectic members, Drs. Leonard Bailey, of Middletown; Henry Bickford, of Hartford; Thomas L. Hodge, of Torrington; George A. Faber, of Waterbury; J. W. Fyfe, of Saugatuck.

**INDIANA.**—Examination fee, \$25.00.

**IOWA.**—Mixed board. Eclectic member, Dr. A. Moerke, Burlington. Secretary, Dr. J. F. Kennedy, Des Moines.

**KANSAS.**—Dr. W. F. Flack, of Longton, succeeds Dr. E. B. Packer as one of the Eclectic members.

**MICHIGAN.**—Mixed Board. Dr. Maynard, of Hartford, is one of the Eclectic members in addition to Dr. Wm. Bell, of Belding. Dr. Beverly D. Harison, the Secretary, is now located at 205 Whitney building, Detroit.

**MISSOURI.**—Mixed board. Dr. J. A. Adcock, Secretary, Warrensburg.

**OKLAHOMA.**—Mixed board of three members. Secretary, Dr. J. W. Baker, Enid, Dr. E. C. Cowdrick, and Eclectic member, Dr. E. G. Sharp, Guthrie. Examination fee, \$5.00.

**OREGON.**—The Eclectic member is now Dr. W. S. Mott, of Salem.

**TENNESSEE.**—Examination fee, \$15.00.

**VIRGINIA.**—Mixed board with two homeopathic members. Dr. R. B. Martin, Secretary, Stuart.

**WASHINGTON.**—Eclectic member is now Dr. G. W. Overmeyer, of South Bend. Examination fee, \$25.00.

**WISCONSIN.**—Secretary, Dr. J. V. Steveus, Jefferson. Dr. F. P. Klahr, of Horicon, is the other Eclectic member.

**WYOMING.**—Mixed Board. Secretary, Dr. S. B. Miller, Laramie. Examination fee, \$25.00.

**Heton Hospital Reports.**

PROF. L. E. RUSSELL, SURGEON.

CASE 99.—Mrs. M., referred to the Clinic by Prof. J. R. Spencer on account of a gradually increasing growth of the abdomen for the past year.

By percussion over the anterior abdominal central wall we found dullness, while in either right iliac space there was a field of resonance. This gave positive evidence that the rotundity of the abdomen was not due to fluid within the abdominal cavity.—Abdominal ascites.

The tumor mass was central, and extended well above the umbilicus, and was freely movable. The median incision from the pubes to near the umbilicus extending into the abdominal cavity, soon brought to view a sky-blue tumor mass, free from radiating blood vessels, a diagnostic point in ovarian tumors.

The large trocar was pushed through this thick tumor wall, and about two gallons of pea-green fluid removed. The sac collapsed, and was easily withdrawn from the abdominal cavity, showing that there was no adhesion, and a simple ovarian cyst.

The pedicle was about six inches in length, which accounted for the free mobilization of the tumor in the upper abdominal cavity. It has been my custom in treating the pedicle to ligate as closely to the uterine cornua as possible, and this rule was observed in this case. It lessens the amount of trauma in the pelvic cavity, and brings the stump well within the field of circulation, so that there is not much danger of sloughing.

The patient made an uninterrupted recovery, and was able to be up and around within the proscribed time, two weeks.

CASE 100.—Mrs. M., age twenty-five, married five years, always complained of intense pain in either ovarian region for several years, and recently much soreness, to such a degree that the weight of her clothing greatly distressed her.

On opening the abdomen, we found a very extensive salpingitis, with a cystic degeneration of both ovaries. In fact, both ovaries were in an active state, forming ovarian cysts as large as a goose egg. The appendages were removed, the abdominal incision closed with chromicized cat gut, suturing each tissue separately, and the patient returned to her bed without a particle of shock. She has since made an uninterrupted recovery.

CASE 101.—A young lady, referred by my assistant, Dr. J. Stewart Hagen, on account of elephantiasis of the right thigh, involving Scarpa's triangle, and the whole of the right iliac region.

We made an incision from the pubes down along the cross of the femoral artery, about six inches, and then a transverse incision from

the upper pubic wound toward the iliac crest. The skin and fascia were dissected downward, and the mass of tissue involved in the elephantiasis was dissected out. We encountered blood vessels innumerable, but with the aid of hemostats and silk sutures the flow of blood was staunched without endangering the patient's life.

There is little to report in regard to the recovery of this case; simply this, she made a good recovery with a lessening of the mass, so that the limb, by the cutting off of the blood supply, has assumed nearly a normal size as compared with the opposite one.

It requires determination on the part of an operator to push the operation to speedy completion in these cases of elephantiasis. If there is any faltering on his part or that of his assistants, the patient may bleed to death in a very few seconds. Therefore it is of importance, in assailing one of these cases, that the work be done speedily, and no let-up until completed.

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#### **SURGICAL SUGGESTIONS.**

Every case of intestinal obstruction of obscure origin should be inquired into closely with reference to a previous history of cholelithiasis. If a definite history of this is obtained, it is well to suspect obstruction by a gall stone.

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In strapping the chest for fractured rib, two points should be particularly noted: 1. The straps should pass well beyond the median line. 2. They should be applied in full expiration. One or two straps passed over the shoulder help much to secure immobilization.

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Although the anal reflex requires profound anesthesia to abolish, chloroform or ether is not always needed in order to divulse the sphincter ani. This may be accomplished painlessly, and usually with entire satisfaction, under ethyl chlorid or nitrous oxid narcosis if, especially, an opium suppository is introduced a half-hour beforehand, and a pledget of cotton wet in cocain solution is applied just before the operation.

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Accumulated experience shows that castration alone will not cure the great majority of cases of tuberculosis testis. In many, if not most, cases the vas deferens, seminal vesicle or prostate is involved, and it will be necessary to remove one or more of these structures in order to cure.

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Remember that chronic ulcers on the hand are found in brass workers, and that a discontinuance of this occupation is necessary to secure healing.

**Monthly Retrospect**

—OF—

**ECLECTIC MATERIA MEDICA AND THERAPEUTICS.**

BY HARVEY WICKES FELTER, M. D.

**BRYONIA ALBA.**—Dr. John W. Fyfe, of Saugatuck, Conn., (*Eclectic Medical Review*) contributes a brief but good article on Bryonia, in which he covers the usual eclectic indications for it. He brings out some facts which should be learned as cardinal principles in the selection of this remedy, and among them the first is that it is a sedative in all cases of irritation of the serous membranes. There are few Eclectics who have followed the teachings of the specific medicationists in practice, who are not well-assured of the fact that remedies, even in minute doses, have a special affinity for certain membranes or structures of the body, this selective action probably being primarily upon the nervous tissues through the blood current. Thus one of the first remedies thought of in diseases in which the serous membranes are involved is Bryonia, whether it be pleurisy, pericarditis, endocarditis, meningitis, synovitis or peritonitis. Another point is its value in inflammation as well as pain. The more the inflammation approaches the typhoid type the better the agent acts. It is also a remedy for serous effusion. Rheumatic states invite its consideration, for, as Dr. Fyfe truly asserts, "In nearly all rheumatic conditions its timely administration will exert an influence which may confidently be expected to make for improvement. In rheumatism of the joints, especially of the fingers, its relieving power is so decided that it can not be mistaken. Headaches of rheumatic origin are also promptly relieved by this remedy. Bryonia is one of the remedies not used to any extent to fulfill so-called physiological action. Such action is more often mildly toxic than physiologic. It certainly is not always therapeutic. It is a matter of common record among the therapeutics of the regular school that Bryonia is "a drastic cathartic, and is seldom used in medicine." We may sometimes accept visionary statements concerning the wonderful effects of medicines, but in the case of Bryonia the drug has been used too extensively, too long, and with such positively good and uniform therapeutic effects that we can not help deprecating the fact that our regular friends do not depart from physiologic doses, and try Bryonia in the therapeutic doses, which have made it an established remedy in Eclectic therapy. Dr. Fyfe calls attention to the fact that even medium doses long continued sometimes causes bleeding at the nose, a point to bear in mind in the possible case of typhoid fever. The indications for Bryonia are so well stated by Dr. Fyfe that we make no apology for reproducing them for the benefit of those who are none too familiar with this splendid remedy:

"Difficult breathing, with painful, harassing cough, which is made worse by talking; pneumonia, when there is tensive, tearing or sharp lancinating pain; hacking cough; pleurisy when there is sharp and lancinating pain; diseases of serous membranes when there is tensive, tearing, or cutting pain; rheumatism when the pain is of a tensive and cutting character, and aggravated by motion; inflammation of the mammary glands when there is costal pain and soreness; headache on right side, extending from forehead to the occiput, when the pain is constant and severe, but without sharpness; rheumatism about the joints, characterized by stiffness, soreness and swelling; paralysis following rheumatism; profuse diarrhoea when the discharges are of a clay color; catarrhal conditions, with acrid, burning, watery discharges from the nose; frothy bronchial expectoration, streaked with blood; muscular pains about the chest."

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**BERBERIS AQUIFOLIUM IN CATARRH.**—The plants of the Berberidaceæ are conspicuously mucous membrane remedies. The reputation of hydrastis was earned through its effects upon the mucous tract. Podophyllum and its resinoid podophyllin both act vigorously upon the intestinal mucosa. Berberis aquifolium has now for some years had the reputation of being of signal value in constitutional diseases attended by mucous outpourings. Dr. J. P. Harbert, of Bellefontaine, O., (*Transactions of National Eclectic Medical Association*, 1904-5) gives unqualified indorsement to the value of the latter in catarrhal diseases of the nose and throat characterized by excessive discharge and a lowered state of vitality. He finds it, in a three-years' trial in his specialty of nose and throat disorders, a valuable adjunct to whatever local treatment he employs. Dr. Harbert further adds that it has yielded him better results than any other single agent in the removal of the eruptions that frequently appear about the face about the time of puberty, or later. He often combines it with nuxvomica. His usual prescription is  $\mathcal{R}$  Specific Berberis aquifolium  $\mathfrak{z}$ i, chloroform water  $\mathfrak{z}$ iv.  $\mathcal{M}$ . Sig. One teaspoonful four times a day.

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**GERMICIDAL ACTION OF COPPER.**—Dr. A. Stewart (quoted editorially in *Modern Medicine*) has made important investigations concerning the effect of copper upon micro-organisms. He found that water placed in a copper receptacle was fatal to the germs of typhoid fever in from one and three quarters hours to two and one-half hours, whereas they were unaffected by similar treatment in glass or tin vessels. It has been suggested that water suspected of containing such bacilli could be rendered innocuous by being kept three or four hours, or even over night, in copper vessels. A slight amount of copper is

dissolved by the water, and of course the purer the water the greater the quantity of metal dissolved. Copper, in small amounts, is not a poison. It is a question if it is not a good blood-maker. This was one of the theories of Prof. John M. Scudder, who employed it as an acetated tincture, and also in the form in which it is taken up by cucumber pickles that had been prepared in brass or copper utensils. If fatal to typhoid bacilli, is there any good reason why copper-contaminated water might not prove beneficial to control the diarrhoea and prevent dissolution of the blood in typhoid fever?

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VERBENA HASTATA IN EPILEPSY.—For many years past verbena has been listed as a remedy for epilepsy, with but little real evidence in favor of its efficacy in that strange malady. A restudy of the drug has recently been made by Dr. J. M. French, of Milford, Mass., (*American Journal of Clinical Medicine*) in which the doctor concludes as follows:

"Putting my own cases alongside those of other observers, I am prepared to suggest the following tentative conclusions as my contribution to the therapy of verbena in epilepsy: 1. Verbena is of great value in some cases of epilepsy, while in others it is of no value whatever, and may be even injurious. 2. At the best, verbena is palliative rather than curative—not a remedy *for* epilepsy, but a remedy *in* some cases of epilepsy. None the less it is of value, and well worth further study. 3. As to the indications for its use, I would suggest that it is of value chiefly in those cases which are characterized by cerebral anemia rather than congestion, and which consequently are not benefited by the bromides, but rather the reverse."

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IODINE AND PHOSPHORIC ACID IN PHTHISIS.—Dr. J. Paul Harvill, of Nashville, Tenn., (*Transactions of National Eclectic Medical Association*, 1904-5) reports excellent results in the treatment of cough and night sweats, as well as the gastric derangements of phthisis, from the following solution:  $\mathcal{R}$  Tincture of Iodine  $\mathfrak{z}\text{ss}$ , Dilute Phosphoric Acid  $\mathfrak{z}\text{ijss}$ , Glycerin q. s.  $\mathfrak{z}\text{iv}$ . Mix. Sig. One teaspoonful twenty minutes after each meal.

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STRYCHNINE ARSENATE.—Dr. R. L. Rigler (*American Medical Journal*) points out the value of strychnine arsenate in cases of pneumonia taking on an asthenic type, with greatly lowered vitality. Here he considers it a powerful vital tonic. The faster the pulse and the lower the vitality, the greater the need of it as a tonic. It slows the pulse, augments its volume, increases the exhalation of expiratory products, and sustains the powers of life. He gives 1-40 grain to an adult every two to four hours.

**ATROPINE IN POST-PARTUM HEMORRHAGE.**—The use of atropine as a remedy to control hemorrhage is not new. Dr. C. E. Frazier (*Medical Arena*) gives added testimony to this fact when, after the proper mechanical treatment has been given, he indorses atropine as a remedy always indicated and seldom failing in the post-partum variety. It is to be used hypodermatically. In this connection let us refer to the fact that in profuse hemorrhages, occasioning great alarm both in the patient and his friends, the sulphate of morphine is an excellent agent, alone or combined with atropine. One of the most necessary parts of the treatment in hemorrhages is to allay, if possible, the nervous excitement of the patient. Where there is no distinct contra-indication the prompt use of morphine will do this. The patient is buoyed up, the nervous tension relaxed, quietude follows excitation, and the pulse rate is reduced. The beneficial effects of the belladonna alkaloid are also in the same direction, and while working together in this respect the latter tends to prevent the possible unpleasant action of the former. Our experience with these remedies in the hemorrhages of the phthisical has been uniformly successful.

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**SEA WATER FOR WARTS AND CORNS.**—According to Dr. Arthur Evershed, writing in the *Journal of Cutaneous Diseases* for February, the most effective remedy for warts and corns is sea water. Treatment may be given by warm foot baths or by daily bathing in the sea with the result that corns will peel off in the course of a couple of weeks. Warts on the hands may be immersed in warm sea water, or in warm solutions of sea salt, each treatment consuming at least ten minutes, and the procedure to be carried out at least twice a day. Compresses of sea water left in situ during the night are advised for the removal of cauliflower warty growths of the scalp. These are not so easily removed as other warts, and the applications should be kept up at least for two weeks.

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**POTASSIUM CHLORIDE AND SODIUM CHLORIDE IN ACUTE PLEURISY.**—In the treatment of acute pleurisy in the early stages our efforts should be directed toward preventing effusion, says Dr. R. L. Eaton (*Modern Eclecticism*). For this purpose the doctor alternates teaspoonful doses of solutions of ten grains of potassium chloride in four ounces of water, and ten grains of sodium chloride also in four ounces of water. These remedies, he believes, come as near preventing effusion as anything he has used, and materially reduces the symptomatic fever.



**Eye, Ear, Nose and Throat.**

CONDUCTED BY KENT O. FOLTZ, M. D.

**IRITIS.**

There has been so much written on this subject that it would be supposed every general physician would be familiar with the prominent clinical symptoms of the plastic type at least, and would not simply give a wash of boric acid under the impression that he was contending simply with a case of conjunctivitis. It is comparatively easy to differentiate between any of the plastic forms of iritis and a conjunctivitis, but for some occult reason every case of increased redness of the tunics of the eye is classified as a conjunctival inflammation, or "pink-eye," whatever this term may mean when applied to the human family. The clinical symptoms, both subjective and objective, are so decided in all but the chronic or "quiet" iritis, that anything like a fair description even should give a clue to the difficulty in plastic cases. In the so-called serous type a diagnosis is not always so easy, but there is not so much pericorneal injection; consequently a diagnosis of conjunctivitis is not so frequently made.

Iritis may be classified as idiopathic, symptomatic and traumatic. As a subdivision there may be an active or a passive form. In the latter the marked symptoms are absent, and the disease is often overlooked until permanent damage to the eye has resulted.

The symptoms that are characteristic of an iritis are exudation of plastic serous or purulent material either into the substance of the iris or on one of its surfaces; into the pupillary space or into the aqueous. As a result of this exudate the color of the iris is changed, and it is lustreless and muddy looking. In secondary syphilis rusty-looking nodules, oval or round in shape, are usually present, and prefer its pupillary margin. When the exudate is on the posterior margin, adhesion between the iris and anterior capsule of the lens results, posterior synechiæ, and may be single or multiple.

Pain.—The character and intensity of the pain varies from none in the quiet form to the intense pain of the active type. In all acute and subacute types a marked characteristic is the increase of this pain at night or in damp weather. When the pain is confined to the eyeball pressure against the eye usually reveals a sensitive condition, but as a rule the pain is along the supraorbital or infraorbital branches of the fifth nerve, the severity being expended in the frontal, temporal or superior maxillary region.

Lacrimation and photophobia are usually present.

Systemic disturbances are usually present, although fever is not often noticeable.

Pericorneal injection is more or less marked in nearly every case of iritis. It usually is one of the first symptoms to appear, and also one of the last to disappear. This zone of redness is unbroken, but in specific iritis, with the formation of nodes, the depth of color is increased in the region of the swellings. Conjunctival implication is practically always present in severe cases, but in mild cases no special conjunctival symptoms may be observed.

In untreated cases the pupil is contracted and immobile. This and the pericorneal injection, are the first symptoms of iritis.

Haziness of the cornea may be present, and there is always some lessening of visual acuity.

Diagnosis of iritis will usually be readily made if these diagnostic features are considered. In the aged glaucomatous conditions must be watched for as glaucoma may be a complication.

Differential diagnosis.—Simple conjunctivitis. No pain, but a sensation of discomfort as of a foreign body between the lid and eyeball.

No disturbance of vision unless there is an excessive secretion.

Conjunctival injection, the vessels being movable with the conjunctiva. Congestion most marked at the cul-de-sac.

Lacrimation increased, mucopurulent.

Pupil normal, responding to light.

Conjunctiva opaque, velvety, and occasionally chemotic.

Phlyctenular conjunctivitis.—The symptoms more severe than in simple conjunctivitis, and if the phlyctenules invade the cornea, there will be diminution of vision.

Blepharospasm usually present.

These most prominent symptoms of conjunctivitis being remembered, it does not seem possible for any one to make a wrong diagnosis in the majority of cases of iritis, but it is unfortunately true that the mistake is of too frequent occurrence, and many times the vision is permanently impaired.

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## EXAMINATION OF EYES AND EARS OF SCHOOL CHILDREN.

The question of the necessity for the systematic examination of the eyes and ears of school children has been settled in the only right way that it could be settled, namely, in the affirmative. How best to conduct this examination, however, has not been settled, at least in such manner as is satisfactory to all parties concerned.

If there is any virtue in the method, that virtue lies in the early discovery and early alleviation of the diseases or deformities of the organs of special sense; therefore, any means which can be brought to bear to render more perfect the result is of great importance to the

success of the whole measure. Almost every day there come to your office and mine parents with children in the sixth to the twelfth grade, who say that the teacher has been telling them for several years that they ought to have Georgie's eyes looked after, but they had neglected it because they did not see anything wrong, and further, did not see how the teacher could know more than they did. Now it is just with regard to this point that I wish to speak, but first I will briefly run over the methods in vogue.

The earliest methods tried were to employ an expert to make systematic examinations of the eyes and ears of school children. This method has been tried in a good many cities, both in this country and in Europe, but has quite generally been abandoned for the reasons that first: It was very readily discovered that if the examinations were to do any good at all, they should be completed during the first two weeks of the school year. It was very readily seen that one man could not possibly finish the task in any such time. The second objection is that experts are only human and very frequently used their opportunity to advance personal interests. This, of course, excited professional friction to such an extent that the method was quite generally abandoned.

Second Method.—There have been several cities where school authorities have sought to overcome the difficulty by employing several experts. This, of course, overcame the time element, and in so far the change was good, but two serious objections at once presented themselves; it only enhanced professional friction, and what is equally serious, it added greatly to the school budget. These objections were so strong that this method also has very generally been abandoned.

In 1896 Dr. Frank Allport conceived the idea of doing away with the expert entirely, the examination to be carried out by the teachers. To this end he prepared certain cards and blanks to be filled out by the teachers, and for each child found deficient a card of warning to be sent to the parent. For this method I have only the highest praise, except that the card of warning means little to the average parent. My idea would be to have the teachers carry out just such examinations as is arranged for in the Allport system, and on a certain day have all the defective ones examined by an expert; then this card of warning should be stamped by the expert, not with his own name, but simply as an expert examiner. Have every specialist in the city, who is willing to give his time gratuitously, appointed an expert examiner, and given his particular portion of the children to examine.

So far as I am able to see this does away with all the objections to any of the foregoing methods, in that no professional friction can exist, the examinations will be completed on time, there will be nothing added to the school budget, and most important, I believe that such cards coming from experts will have far greater weight with the parents.—*Hom. Eye, Ear and Throat Journal*.

# **Eclectic Medical Institute**

(Complete Announcement may be obtained by addressing the Secretary.)

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*Professor of Clinical Surgery and Operative Gynæcology.*

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*Assistant in the Eye, Ear, Nose and Throat Clinics.*

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*Assistant in Clinic of Women and Children.*

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# ANNOUNCEMENT

## Session of 1906-1907.

**NOTE.**—These regulations refer particularly to new students and graduates of the years 1907, 1908, 1909, and 1910.

### ***Matriculation.***

The Eclectic Medical Institute is open for matriculation to well qualified young men and women who have attained the age of 17.

This College does not solicit the matriculation of negro students, believing that they can be better educated in institutions devoted exclusively to their race.

### ***The Sixty-Second Annual Session.***

The sixty-second annual session of the Eclectic Medical Institute will begin on Monday, September 17, 1906, and continue thirty weeks, until April 17, 1907.

### ***Entrance Examination.***

An entrance examination will be held on Saturday, September 25, at 9 A. M., according to the rules of the American Medical College Association, for students who have no credentials and who intend practicing in Southern and Western States, conducted by an authorized examiner, not connected with the faculty. This will embrace the usual studies of a graded high school course, including:—1. An English composition of not less than 200 words, grammar and rhetoric. 2. Higher arithmetic. 3. United States history. 4. Geography. 5. Elementary physics. \*6. Latin prose.

Students conditioned in one or more of the branches enumerated above, will be given until the beginning of the second year to make up such deficiencies, provided that students who fail in any of the required branches of this second examination shall not be admitted to the second course.

Students who expect to practice in any Northern or Eastern State must comply with the exact requirements of such State (see page 21).

Examinations to determine the standing of students who have attended elsewhere, and for removing conditions of first, second, or third year students, will be held by the respective professors before October 1st.

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\* Students can secure instruction in these branches during their freshman year.

Students who have attended two or three sessions elsewhere will be examined in Anatomy, Chemistry, Physiology, Principles of Medicine, Hygiene, and Materia Medica. Students passing a majority of these subjects will be entitled to enter, and make up the deficiencies in addition to the regular year's work. Pass grades will be accepted from certain accredited medical colleges.

Graduates of accredited medical colleges will be admitted to the senior year without examination.

***Term Examinations.***

Throughout the entire course daily examinations or quizzes are held by the professors, thus aiding the student's memory and assuring his continued advancement. The Freshman, Sophomore, Junior and Senior examinations will be held in writing, beginning April 8, and at no other time. Candidates for graduation can be examined only at this time.

***No Private Quiz Classes.***

All the instruction in this College is given in the regular lectures and regular every-day quizzes. No private classes for which students must pay an additional fee are allowed. There are no special courses to add to the student's expense. In many colleges the extras are said to approach the cost of regular tuition.

***Reading Medicine.***

It is our experience that the sooner the student attends his first course of lectures the better he will read medicine in the physician's office. In the college he learns how to study and what to study, and will usually make as much progress in one session as in three years of ordinary reading. Our best students are those who commence with a course of lectures, and continue their attendance session after session until graduation. Some very successful physicians received their entire education in the college, without any office instruction.

It is quite advisable for students to take a short course of study under a preceptor at home, or medical reading without the help of a physician, and they are earnestly advised to confine themselves to the following text-books:

1. Elementary Physics—*Avery's Physics.*
2. Chemistry—*Simons' Chemistry.*
3. Physiology—elementary parts, circulation, respiration, etc.—*Kirke's Handbook of Physiology.*

4. Osteology and General Anatomy—*Gray*.
5. Specific Diagnosis and Specific Medication—*Scudder*.
6. Materia Medica—*Locke*.
7. Latin—*Robinson's Latin Grammar of Medicine and Pharmacy*.

### **State Laws.**

Each matriculate must study medicine four years, and take four annual courses of lectures of at least six months each, before he can practice medicine in Colorado, Nevada, New Mexico and Wyoming.

No graduate can practice medicine in Alabama, Arkansas, Arizona, Connecticut, California, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Indiana, Illinois, Indian Territory, Iowa, Kentucky, Kansas, Louisiana, Massachusetts, Maine, Michigan, Missouri, Minnesota, Maryland, Montana, Nebraska, New Hampshire, New Jersey, New York, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Dakota, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia and Wisconsin, without undergoing an examination before a State Board, in addition to having the requirements before mentioned. Our diplomas are recognized, and are everywhere on an equality with those of any college in the United States.

### **FEES.\***

|   |         |
|---|---------|
| For Single Session's Tuition.....         | \$75.00 |
| Chemical Laboratory Course.....           | Free    |
| Histological and Pathological Course..... | Free    |

No extra charge for Matriculation or Demonstrator's fees, or for dissecting material.

|                       |          |
|-----------------------|----------|
| Scholarship Fee ..... | \$250.00 |
|-----------------------|----------|

(This includes all the foregoing, and is good for four or more sessions. It can be paid in three instalments: at the beginning of the first session, \$100.00; second session, \$100.00; third session, \$50.00. It is transferable for two sessions if the holder has matriculated for one session; or transferable for one session if he has matriculated for two sessions.)

\* Under no circumstances are fees returnable. Single session tickets are not transferable. Students can, however, make up lost time in any future session without extra charge. The fees will be increased, beginning September, 1907.



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| Graduation Fee (returnable in case of failure) . . . . | 25.00 |
| Cincinnati Hospital Ticket . . . . .                   | 5.00  |
| Post Graduate Instruction, per month . . . . .         | 15.00 |

The fees are cash in all cases.

### ***System of Scholarships.***

That there may be no excuse for poor attainments and possible failure, the College has provided a system of scholarships which enables the student at a moderate cost to attend college until he is thoroughly prepared. Not only this, but a full seven months' course of instruction each year is provided, with apparatus and instruction in the use of the same by earnest, educated teachers who assist at every step. The scholarship of \$250.00 includes all the fees for lectures and demonstrator's fees in anatomy, chemistry and microscopy. This scholarship is transferable under the conditions previously noted.

### ***Hospital and Clinical Facilities.***

Students have two hours of clinical instruction daily in the Cincinnati Hospital. In addition to this there will be clinical instruction two hours in the College building daily upon diseases of the eye, ear, nose and throat, diseases of the skin, medical and surgical diseases of women and children, general surgery and medicine, and physical diagnosis.

Facilities for the care of surgical patients have been provided, and operations will be performed before the class. Physicians will recollect that all medical treatment before the class is free of charge, and that in surgical cases the charge will only be sufficient to cover the necessary attendance after operation.

The Seton Hospital, constructed at an expense of \$90,000, is conducted by the Sisters of Charity, and is located at 640 West Eighth street, near Cutter. The building, a large stone-front structure, is located on a lot fronting 63 feet on Eighth street, and running 200 feet through to Ninth street, thus giving a double frontage and excellent light and ventilation.

The Eclectic Medical Institute added a three-story wing to the building, consisting of twelve rooms, a fine, modern operating-room and clinical amphitheater for the presentation of medical and surgical cases before the College class. In this operating amphitheater, cases are brought exclusively before students of our College, thus affording us an excellent opportunity to demonstrate the many advantages of Eclectic medication and the exactness of our

surgeons. Demonstrations before the class take place Wednesdays and Saturdays throughout the College year, and at other times by appointment.

Seton Hospital is heated by steam. It has hard-wood floors and open plumbing, and most excellent sanitary arrangements, insuring good accommodations for patients. All classes of cases will be taken, barring, of course, contagious diseases. There are no wards in the Hospital, each patient having the benefit of his own exclusive room. The total cost of room, board and nursing ranges from \$10.50 to \$21.00 per week.

A limited number of charity patients will be taken. The medical and surgical service furnished by the various members of the faculty of this College is absolutely free, where the patients contribute in a clinical way to our classes.

Information regarding rooms and board can be secured by addressing John K. Scudder, M. D., 1009 Plum street, Cincinnati.

### ***Clinical Amphitheater.***

Owing to the rapid growth and enlargement of the dispensary service, the room formerly devoted to clinical purposes became too small, and a large amphitheater was constructed in 1894: the basement and first floor of the College building have been remodeled, fitted up for clinical use, and supplied with all the modern appliances for the examination of patients, and for systematic clinical instruction.

### ***Dissections.***

Under the new anatomical act, dissections are legalized in this State, and the bodies of persons from public institutions are given to the medical colleges. Dissecting material will be abundant the coming winter, and students will be enabled to make three or more dissections.

### ***Y. M. C. A.***

The college department of the Young Men's Christian Association meets once a week in the College, at which speakers of public note address the meeting. All students are eligible to membership. New students are especially invited. A bureau of information for assisting new students in procuring rooms, etc., can be found at the College. There will be a committee of students at the college during the week previous to the opening of the session, to aid new students in securing suitable rooms, boarding, etc.

This committee will arrange to meet students at the railroad depots, if the time of arrival is sent to the President of the Y. M. C. A., Mr. J. T. Bowman, 1009 Plum street.

### ***Athletics.***

The Athletic Association of the College is made up of representatives of the various classes, with the Secretary of the College ex-officio. It has charge of the Foot-ball and Basket-ball Teams. The officers for 1906-7 are : E. G. M'Laughlin, '07, President ; B. W. Wood, '07, Vice President ; J. T. Bowman, '07, Secretary and Treasurer ; A. C. Prichard, '08, Custodian ; J. C. Dickinson, '07, Basket-Ball Manager ; W. C. Jones, '09, Foot-Ball Manager.

### ***Boarding.***

We take special pains to select boarding in private boarding houses, where students will have all the comforts of a home, and at the same time have a quiet room in which to pursue their studies. Board and room can be had at from \$3.00 to \$5.00 per week. To accommodate those of limited means, rooms can be procured in which students can board themselves, bringing their expenses below three dollars per week. Those who intend to pursue this latter course will do well to write two or three weeks in advance, and bring sufficient quantity of bed covering.

### ***Information.***

Students arriving by railroad will do well to take the omnibus ticket, and have their baggage taken immediately to the College building, Court and Plum streets, where they will get all necessary information in regard to board and matriculation.

Letters to students must be addressed, "Care of Eclectic Medical Institute, No. 1009 Plum street." But money packages by express, and letters containing valuables, should be addressed to the care of John K. Scudder, M. D., thus preventing trouble in identification and danger of loss. Arrangements have been made with the City Hall Bank to receive on deposit the money of students. The attention of the student is particularly called to this paragraph, as it may save much trouble, if not actual loss.

For further information address—

JOHN K. SCUDDER, M. D., SECRETARY,  
1009 Plum St., Cincinnati, O.

Long Distance Telephone, Canal 2062.

## REGULATIONS.

### *Requirements of Entrance—Certificate of Study.*

For matriculation the Faculty requires :—

1. A certificate of good moral character.  
2. Diploma of graduation from (a) graded high school, (b) normal school, (c) seminary, (d) literary or scientific college, (e) university, (f) evidence of having passed the matriculation examination to a recognized literary or scientific college, or (g) a medical student's certificate secured from a State medical board.

2. Students desiring to practice in Ohio, Pennsylvania, New York, Indiana, Kentucky or Michigan, must conform to the regulations given below.†

4. Students matriculating for subsequent practice in other States, and who lack one of the foregoing educational qualifications, may take an examination before an authorized examiner, not connected with the Faculty, as follows :—1. An English composition of not less than 200 words—grammar and rhetoric. 2. Higher arithmetic. 3. United States history. 4. Geography, \*5. Elementary physics. \*6. Latin prose.

Students must have an elementary knowledge of Latin.\*

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† OHIO.—Matriculates who will be applicants for registration in the State of Ohio must possess:—a diploma from a reputable college granting the degree of A. B., B. S., or equivalent degree; a diploma from a normal school, high school or seminary, legally constituted, issued after four years of study; a teacher's permanent or life certificate; a medical student's certificate issued upon examination by a State Board; or a student's certificate of examination for admission to the Freshman class of a reputable literary or scientific college.

These credentials must be presented to Prof. Harris prior to September 26.

Or a certificate of having passed an examination conducted under the direction of the State Board of Medical Registration and Examination of Ohio, by certified examiners, none of whom shall be either directly or indirectly connected with a medical college.

This latter examination will be held by Prof. Harris, September 28 and 29, for Cincinnati students. Fee, \$2.00. The examination will embrace: Foreign Language—two years of the Latin Language—English Literature, Composition, and Rhetoric. History—United States History and Civics, with reference to the constitutional phases of American History. Mathematics—Algebra through Equations and Plane Geometry. Science—Botany or Zoology, Physiography or Chemistry, and Physics. Further particulars will be sent on request.

NEW YORK.—A Regents' medical students' certificate, granted on 48 counts. Particulars from Regents' office, Albany, N. Y.

PENNSYLVANIA.—(a) High school, normal school, seminary or literary college diploma. (b) Certificate of examination in ten branches under seal of principal or county superintendent. Or (c) Entrance examination before State Board in Pittsburg or Philadelphia.

INDIANA.—(a) High school, normal, or college diploma. Or (b) an entrance examination in ten high school branches before Prof. Hufford, at Indianapolis, Sept. 12, 1906.

KENTUCKY.—High school, normal or college diploma, or examination at Louisville in United States history, arithmetic, and algebra—one year's Latin and physics.

MICHIGAN.—High school, normal or college diploma, or an examination at Detroit, Grand Rapids, Hilledale, or Bay City, in ten branches of a high school course.

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\* Students who cannot offer Latin or Physics will be given an opportunity of studying same during the first year.

Students conditioned in one or more of the branches enumerated above will be given until the beginning of the second year to make up such deficiencies, provided that students who fail in any of the required branches of this second examination shall not be admitted to a second course. These requirements for admission are in accord with those of the American Medical College Association,

Students MUST comply with the State Board requirements of the State in which they wish to practice.

Graduates of a recognized literary college, and students who have attended one annual session at an accredited medical college, are admitted as second year students.

Students who have attended two annual sessions elsewhere are admitted to the third year course on credentials. Graduates of accredited medical colleges are admitted to the fourth year without examination.

### ***For Graduation.***

Students applying for graduation must be at least twenty-one years of age, must have read medicine four years, and attended four annual sessions of not less than thirty weeks each, the last of which, at least, must have been in this college.\*

Time of reading includes college attendance. All students must have taken the chemical, histological, and pathological laboratory courses, attended the clinical lectures in the Cincinnati Hospital during two sessions, the college clinics during at least two sessions, have dissected at least half a cadaver, and taken the practical course in obstetrics and surgery. The candidate must notify the dean six weeks prior to the end of the session of his intention to take the final examinations, must submit an original thesis on some subject pertaining to medicine (embracing from ten to forty pages of thesis paper), must have previously paid all fees, must at this time deposit the graduation fee (returnable in case of failure) and must pass satisfactorily the term as well as the final examinations.†

The judgment of the Faculty upon the fitness of candidates is based on their knowledge of their general attendance, industry, character and general habits, as well as upon the results of their final examinations.

A rejected candidate may be re-examined at the discretion of the Faculty, after having attended a half or full additional session. Each graduate, at the close of the session, will be required to attend the Commencement exercises, and personally receive his diploma. No honorary diplomas are issued by the Eclectic Medical Institute.

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\*To constitute a full term or session the absence should not exceed one month in the aggregate.

†Students who have matriculated here in years past can not, under any circumstances, claim graduation under requirements then in force.

***Commencement Exercises.***

General arrangements in regard to the Commencement Exercises are left to a majority vote of the class. But all action in regard to invitations, class pictures, or wearing of caps and gowns, is subject to the approval of the Faculty Committee. The entire class must comply with all the established regulations made by the majority of the class for the Commencement Exercises.

***Rules Governing the Standing of Students and Examinations.***

1. The standing of each student in each chair will be determined by the professor or instructor in charge of the chair, and the grade will be made up from the marks received during the session in oral quizzes, written quizzes, and final term examination.

2. The grades will be made upon the scale of 100. 90 to 100, passed with distinction; 80 to 90, passed well; 70 to 80, passed; 60 to 70, conditioned; below 60, failed. The passing mark from one year to another will be a general average of 75 per cent.

3. Students of the first, second, and third years, who are conditioned, must have a written examination in those branches in which they are deficient, immediately before the opening of the succeeding session, upon the date mentioned in the calendar. If the student fail upon any branch at the written examination, he shall be required to repeat the study of the preceding year.

4. There shall be no re-examination of unsuccessful candidates for the degree of M. D. until the close of the ensuing session, and the said candidate will be required to attend the instruction during a subsequent session on such branches as may be determined, before he will be eligible for re-examination.

5. Candidates for examination must secure a general average of 75 per cent, the final examination in each branch for the entire course being considered on the basis of hours per week.

***Rules of Conduct.***

1. Students are required to observe such rules of decorum and orderly conduct in the lecture rooms, laboratories and halls of the college, as would be expected of a gentleman.

2. All students are required to be regular in their attendance and in their seats in the lecture room at the proper time, in order that there may be no interruption after the entrance of professor or lecturer.

3. All damages done to the college property must be made good by the individual doing the damage.

4. Students will be assigned seats on matriculation, for the good care of which they will be personally responsible.

5. Infringement of these rules will subject the student to a private reprimand, to a public reprimand, or temporary suspension by the Dean, as the nature of the case in his judgment requires, or expulsion from the college when concurred in by the Trustees.

## LIST OF MATRICULATES.

### SENIORS—Class of 1906.

| NAME.                             | PRECEPTOR.             | STATE.    |
|-----------------------------------|------------------------|-----------|
| *Bettencourt, Manuel Francis..... | Dr. L. S. Downs,       | Texas.    |
| Bradstreet, Samuel W. jr.....     | Dr. M. W. Dawley,      | N. York.  |
| *Bronson, Dellett E.....          | Dr. E. S. Bronson,     | W. Va.    |
| Brown, Sloan A., Ph.B.....        | Dr. Nannie May Sloan,  | Penn'a.   |
| Campbell, Charles R.....          | Dr. R. O. Campbell,    | Ohio.     |
| †Caines, John W., M. D.....       | Practitioner.          | Ohio.     |
| Candlin, George Henry.....        | E. M. Institute,       | Colorado. |
| Conner, Halstead A.....           | Dr. W. C. Underwood,   | Ohio.     |
| Cooper, Marion Arthur.....        | Dr. D. J. Thomas.      | Texas.    |
| Cooper, George R.....             | Dr. D. J. Thomas.      | Texas.    |
| Conrad, Earl K.....               | Dr. G. E. Conrad,      | Penn.     |
| Cunningham, Wm. B., B. A.....     | Dr. Nannie May Sloan,  | Penn'a.   |
| Dewey, Alburton A.....            | Dr. C. T. Guillaume,   | N. York.  |
| Eastham, J. George.....           | Dr. L. M. Campbell,    | W. Va.    |
| Gregg, George W.....              | Dr. J. A. Hawley,      | N. York.  |
| Hazen, Merl V.....                | Dr. J. H. Hazen,       | Penn'a.   |
| *Hudson, Charles L.....           | Dr. C. D. Hudson,      | Texas.    |
| Johnson, Arthur J.....            | Dr. G. S. Couch,       | Illinois. |
| Keiper, J. Daniel.....            | Dr. F. J. Livingstone, | Penn.     |
| Kling, Henry A.....               | Dr. W. C. Shriner,     | Ohio.     |
| Martin, Ira N.....                | Dr. C. E. Martin,      | Illinois. |
| Miller, Glenn Everett.....        | Dr. A. G. Miller,      | Indiana.  |
| Moore, John R.....                | E. M. Institute,       | Penn.     |
| Nichols, W. Ellis.....            | Dr. B. F. Bennett,     | Kentucky  |
| North, Edward A.....              | Dr. W. C. Cooper,      | Kentucky  |
| Padgham, Ethelbert G.....         | Dr. R. W. Padgham.     | N. York.  |
| *Rank, A. Theodore.....           | Dr. J. W. Kannel,      | Ohio.     |
| Reefy, Karl P.....                | Dr. P. D. Reefy,       | Ohio.     |
| Rhein, Alfred Edwin.....          | Dr. E. R. Baldridge,   | Indiana.  |
| Rinehart, Archie B.....           | Dr. L. S. Riggs,       | W. Va.    |
| Sidener, Thomas T.....            | Dr. W. S. Turner,      | Ohio.     |
| Smith, Clifford G.....            | Dr. Harry E. Dwire,    | Ohio.     |
| Thiel, John Nicholas.....         | Dr. J. W. Thiel,       | Ohio.     |
| Waltermire, Tell C.....           | Dr. W. N. Mundy,       | Indiana.  |
| Werner, Harry R.....              | Dr. W. L. Werner,      | W. Va.    |
| Wilson, Victor P.....             | Dr. M. A. McKendree,   | Ohio.     |
| Total, 36.                        |                        |           |

\* Interne Seton Hospital, 1905—1906.

† Attendance incomplete.

## JUNIORS—Class of 1907.

| NAME.                            | PRECEPTOR.                 | STATE.    |
|----------------------------------|----------------------------|-----------|
| Allen, Van I.....                | E. M. Institute,           | Minn.     |
| Beane, Carle W.....              | Dr. B. F. Beane,           | Ohio      |
| Bell, Vandiver L.....            | Drs. A. P. & R. B. Taylor, | Ohio.     |
| †Bennett, George E.....          | Dr. C. W. Seely,           | N. York.  |
| Blough, Elijah Robert, Phar.D... | Dr. A. L. Yoder,           | Penn'a.   |
| Bowman, Jacob T.....             | Dr. E. F. Bittner,         | Penn'a.   |
| Buten, Edward John.....          | E. M. Institute,           | Kentucky  |
| Dahm, Howard C.....              | Dr. W. J. Crawford,        | Ohio      |
| DeOgny, Paul A.....              | Practitioner.              | Kansas.   |
| Dickinson, Joshua Clifton .....  | Dr. J. P. Harbert,         | Ohio      |
| Glass, Earl F.....               | Dr. D. H. Edwards,         | W. Va.    |
| Granau, George H.....            | E. M. Institute,           | Iowa.     |
| Hartwig, Wm. G.....              | E. M. Institute,           | W. Va.    |
| Hoag, Charles M.....             | Dr. J. Clyde Huntley,      | Arkansas  |
| Hodge, Otto.....                 | E. M. Institute,           | Kentucky  |
| Horner, Charles E.....           | E. M. Institute,           | Kentucky  |
| Jenner, Allen C.....             | Dr. E. L. Palmer,          | Illinois. |
| Kahle, Harold.....               | E. M. Institute,           | Penn'a.   |
| McLaughlin, Earl G.....          | Dr. C. H. Dyer,            | Illinois. |
| McLaughlin, Nelson.....          | Dr. Louis E. Cook,         | Ohio.     |
| Marshall Pliry M.....            | E. M. Institute,           | Penn'a.   |
| O'Hara, P. Henry.....            | Dr. W. H. Swisher,         | Ohio.     |
| Pohlmeyer, Herman F., B.L.....   | E. M. Institute,.....      | Ohio.     |
| Power, Julia C.....              | E. M. Institute,           | Iowa.     |
| Rausch, Daniel E.....            | Drs. Morris & Smith,       | Ohio.     |
| Saxton, Jesse J.....             | Dr. D. E. Saxton,          | Florida.  |
| Shafer, Joseph C.....            | Dr. E. L. Palmer,          | Illinois. |
| Sponseller, F. M., B. S.....     | E. M. Institute,           | Ohio.     |
| Squier, W. Cullen.....           | Drs. E. A. & G. E. Squier, | Indiana.  |
| Thornbury, J. Walter.....        | Dr. J. H. Thornbury,       | W. Va.    |
| Van Horn, Nelle.....             | Dr. W. S. Van Horn,        | Ohio.     |
| Welbourn, Pina M., A. B.....     | Dr. E. L. Welbourn,        | Indiana.  |
| Whitacre, Geo. D.....            | Dr. O. C. Whitacre,        | Ohio.     |
| Winter, Emil G.....              | Dr. G. G. Winter,          | Indiana.  |
| Wood, Byron W.....               | Dr. L. O. Wood,            | Kentucky  |
| York, William.....               | Dr. J. F. York,            | W. Va.    |
| Total, 36.                       |                            |           |



**SOPHOMORES—Class of 1908.**

| NAME.                          | PRECEPTOR.           | STATE.     |
|--------------------------------|----------------------|------------|
| Bach, Julius Emil.....         | E. M. Institute,     | Kentucky   |
| Basinger, Adam P.....          | Dr. P. D. Bixel,     | Ohio       |
| Bowers, Jesse W.....           | Dr. J. W. Kannel,    | Ohio       |
| Bowles, J. Locke.....          | Dr. S. G. Backus,    | W. Va.     |
| Crum, John R.....              | Dr. L. E. Cook,      | Ohio.      |
| †Duncan, Charles H., A. B..... | E. M. Institute,     | Kentucky   |
| Dyer, W. Kirt.....             | Dr. C. H. Dyer,      | Illinois.  |
| Finlaw, Fred. H.....           | Dr. J. P. Finlaw,    | N. Jersey. |
| Franklin, Lewis T.....         | Dr. B. L. Simmons,   | Tenn.      |
| Hamilton, Curtis C.....        | Dr. M. L. Hamilton,  | Indiana.   |
| Hess, Fred. E.....             | Dr. D. L. L. Yost,   | W. Va.     |
| Horswell, Erle W.....          | E. M. Institute,     | Ohio.      |
| Krumpelbeck, Albert C.....     | Dr. J. W. Gage,      | Ohio.      |
| McCaffrey, Charles C.....      | Dr. H. F. Massey,    | Ohio.      |
| Martin, George W.....          | E. M. Institute,     | Illinois.  |
| Morgan, Charles G.....         | Dr. W. F. Crow,      | W. Va.     |
| Morgan, D. Edward.....         | Dr. W. J. Morgan,    | Kentucky   |
| Oswald, Daniel F.....          | Dr. A. C. Ball,      | Ohio.      |
| Prichard, Allen C.....         | Dr. J. C. Banfield,  | W. Va.     |
| Sauter, George F.....          | Dr. G. W. Brown,     | Kentucky   |
| Saylor, Clinton T.....         | Dr. C. J. Hemminger, | Penn'a.    |
| Schrock, Wm. H. H.....         | Dr. J. M. Louthier,  | Penn'a.    |
| Seitz, William.....            | E. M. Institute,     | Ohio.      |
| Strong, Daniel S.....          | Dr. J. H. Baldrige,  | Indiana.   |
| Watson, Elmer E.....           | Dr. Allen Bush,      | W. Va.     |
| Total, 25.                     |                      |            |

**FRESHMEN—Class of 1909.**

| NAME.                       | PRECEPTOR.               | STATE.   |
|-----------------------------|--------------------------|----------|
| Bach, Blanch J.....         | E. M. Institute,         | Kentucky |
| Black, George E.....        | Dr. E. H. Black,         | Ohio.    |
| Burnett, Ernest J.....      | Dr. J. H. Burnett,       | Ohio.    |
| Haas, Earl S.....           | Dr. A. A. Scheer,        | W. Va.   |
| Jones, Wm. Clay, Ph. G..... | Dr. B. K. Jones,         | Ohio.    |
| Karr, Maskell Curwen.....   | Dr. J. R. Spencer.       | Ohio.    |
| †Kessler, Elmer G.....      | E. M. Institute,         | W. Va.   |
| Killen, Harry Franklin..... | Dr. D. A. Williams,      | Indiana. |
| Lambert, Asabel C.....      | E. M. Institute,         | W. Va.   |
| Lambeth, James Addison..... | E. M. Institute,         | Ohio.    |
| Long, Frank H.....          | Dr. C. L. Johnstonbaugh, | Penn'a.  |
| Page, Lourie W.....         | E. M. Institute,         | W. Va.   |

† Attendance limited.

|                             |                      |          |
|-----------------------------|----------------------|----------|
| Peek, Gladys.....           | E. M. Institute,     | Kentucky |
| Sadler, Mary.....           | Dr. M. Higgins,      | Kentucky |
| Swanson, John.....          | E. M. Institute,     | Ohio.    |
| Tinker, Charles.....        | Dr. G. L. Tinker,    | Ohio.    |
| Uphouse, Albert Milton..... | Dr. C. J. Hemminger, | Penn'a.  |
| Wenzel, John W.....         | Dr. J. G. Selby,     | W. Va.   |
| York, Walter L.....         | Dr. J. F. York,      | W. Va.   |
| Total. 19.                  |                      |          |

## LIST OF GRADUATES, 1906.

| NAME                      | SUBJECT OF THESIS.                                     | STATE.    |
|---------------------------|--|-----------|
| BETTENCOURT, M. FRANCIS,  | An Evil of Civilization.                               | Texas.    |
| BRADSTREET, SAMUEL W. jr. | Pediatrics.  | N. York.  |
| BRONSON, DELLETT E.       | Opium, its Uses and Abuses.                            | W. Va.    |
| BROWN, SLOAN A. Ph.B.     | Biology of Bacteria.                                   | Penn'a.   |
| CAMPBELL, CHARLES R.      | Does a knowledge of Bacteriology benefit a Physician?  | Ohio.     |
| CANDLIN, GEORGE HENRY,    | Alcohol an Insidious and Dangerous Drug.               | Colo.     |
| CONNER, HALSTEAD A.       | Pulmonary Tuberculosis.                                | Ohio.     |
| COOPER, MARION ARTHUR,    | Digestion.   | Texas.    |
| COOPER, GEORGE R.         | Dysmenorrhea.  | Texas.    |
| CONRAD, EARL KEYSER,      | The White Plague.                                      | Penn'a.   |
| CUNNINGHAM, WM. B., B A.  | History of Antiseptics.                                | Penn'a.   |
| DEWEY, ALBURTON A.        | Fads in Medicine.                                      | N. York.  |
| EASTHAM, J. GEORGE,       | Erysipelas.  | W. Va.    |
| GREGG, GEORGE W.          | Electricity as a Therapeutic Agent.                    | N. York.  |
| HAZEN, MERL VICTOR.       | Diphtheria.  | Penn'a.   |
| HUDSON, CHARLES LANE.     | Nursing.   | Texas,    |
| JOHNSON, ARTHUR J.        | Influenza.   | Illinois. |
| KEIPER, JACOB DANIEL.     | The Physician's Relation to the Public.                | Penn'a.   |
| KLING, HENRY AUGUSTUS,    | Lobar Pneumonia.                                       | Ohio.     |
| MARTIN, IRA NEWTON,       | Lobar Pneumonia.                                       | Illinois. |
| MILLER, GLENN EVERETT,    | Circumstances which aid in causing Diseases of Uterus. | Indiana.  |
| MOORE, JOHN RICHARD,      | Typhoid fever.   | Penn'a.   |
| NICHOLS, WM. ELLIS,       | Asthma.  | Kentucky  |
| NORTH, EDWARD AUSTIN,     | The Etiology of Tetanus                                | Kentucky  |
| PADGHAM, ETHELBERT G.     | Importance of Dietetics.                               | N. York.  |
| RANK, ALDY THEODORE,      | Diagnosis and Treatment of Disease.                    | Ohio.     |

|                       |   |          |
|-----------------------|---|----------|
| REEFY, CARL PHILIP,   | Conditions of the Medium in<br>which we live as Factors in<br>Treatment of Disease. | Ohio.    |
| RHEIN, ALFRED EDWIN,  | Pneumonia.  | Indiana. |
| RINEHART, ARCHIE B.   | Chloroform and Ether.   | W. Va.   |
| SIDENER, THOMAS T.    | The Care of the Baby.   | Ohio.    |
| SMITH, CLIFFORD GEO.  | Phthisis.   | Ohio.    |
| THIEL, JOHN NICHOLAS, | Variola.  | Ohio.    |
| WALTERMIRE, TELL C.   | Operative Surgery.  | Indiana. |
| WERNER, HARRY RUPERT, | Typhoid Fever.  | W. Va.   |
| WILSON, VICTOR P.     | A History of Medicine in<br>Early Greece.   | Ohio.    |
| Total, 35.            |   |          |

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### RECAPITULATION.

|                 |     |
|-----------------|-----|
| Seniors.....    | 36  |
| Juniors.....    | 36  |
| Sophomores..... | 25  |
| Freshmen.....   | 19  |
| Total.....      | 116 |
| Graduates.....  | 35  |

## **Periscope.**

### **THE MEDICAL SIDE OF INSURANCE MANAGEMENT.**

The American people are in the luxuries and discomfort of a gigantic housecleaning. Investigations are in the air; everything must be examined and disapproved, whichever way the evidence points. Even the Ladies' Home Journal must have a mild exposure; for here comes Mrs. Rorer, the famous cook, with an exposé of college cooking and its inadequacies.

These movements are excellent in their ideas and generally in their results; their disadvantages are that it is generally impossible to check such probes within the realms of reason, for the American people are apt to rush to extremes, and the general distrust and unrest which pervades business and social circles. It is only necessary now to mention a name in connection with an investigation, and it is damned by the public without further ado or evidence.

The question of a national hysteria is a most interesting problem for sociologists to discuss. We saw it displayed in the case of Dewey. He sailed into an unknown harbor and destroyed a few tenth-rate vessels. At once the American public raised him to the seventh heaven; he was treated almost as of divine origin; the country simply went crazy over him and his doings. No attempt was made to estimate his real worth and the actual value of his performances. Such movements must be followed by reaction, and the American people began to look around unconsciously for some crowbar to wrench Dewey off his pedestal. There is no trouble to find cause for criticism if we want to find it, and the people unhorsed the admiral almost as quickly as it raised him. It did this simply because the hysteria had passed away and the people came to their sober senses. So the unfortunate Dewey, instead of being placed in his proper niche and kept there, was elevated like a demi-god and then trampled underfoot.

It is a terribly serious matter to attract national attention, either favorable or unfavorable, from this great mass of conglomerate minds which we call the American people.

So it is with the insurance examination in this city. The public have momentarily damned all insurance companies; companies that are not being examined or are free from defects feel the slump as much as the companies being criticized — and in it all and through it all, no mention is made of the integrity of the medical departments of the various companies. Underpaid in the most extravagant company and unappreciated, the medical examiners and directors have performed their work, thoroughly, conscientiously and beyond criticism. Yet putting the listening ear to the trembling air, we hear no chorus of praise to the faithful physicians in their positions of trust. The only

words that come along the line are commands from the companies' officers to cut down the medical expense already down to the bone.

It would be interesting for the Legislative Committee to call the medical directors of the various companies and ascertain their pay. It would be found so meagre that even in companies with one-hundred-thousand-dollar salaries it would be laughable, were it not pitiful. These medical directors control the life-blood of the companies. Their work is the heart, the body, and the soul of the companies' existence, and yet these men, intelligent, skilled and honest, are frequently forced to take practice to keep up their homes in proportion to the dignity of their positions.

When it comes to the examiner, the companies scarcely consider him at all. Even the select few who devote their entire time to examining find it hard picking. For example, the principal examiner of a principal company in a metropolitan city stated recently, "I sat in a man's office for an hour waiting to examine him for a ten-thousand-dollar policy. He looked healthy and would have passed the inspection of the company as to his business and social standing. But I found a systolic murmur in his heart region, and I believe that that man will scarcely live ten years. I saved my company ten thousand dollars, for which I get the munificent pay of two dollars," and this company is being criticized for its extravagance of management. Surely it is not in the medical department.

Some day on that brighter shore we suppose the doctor will come into his reward. But here we see but little of it. The physician is expected to be honest, efficient and omniscient, and live on the clear, pure air which surrounds him.—*Medical Times*.

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### THE PRODUCTION OF EUTHANASIA.

Some weeks ago a sensation was created throughout the country by the announcement of a Cincinnati physician before a woman's club meeting in Philadelphia that incurables, or those suffering great agony from disease without hope of life, should be chloroformed, or death brought about in some other painless way. Coming after Osler's alleged statement as to the chloroforming of those who had been so unfortunate as to have attained the age of sixty, this was literal food and drink for the reporters, and columns of space were given to the publication of the newest sensation.

The production of euthanasia for sufferers of the above classes is not an altogether new idea; indeed, it may be said to have originated during the days of Sparta, and modifications have existed ever since. Nor, indeed, would any physician deny that many cases have occurred

in his own practice where the infliction of a painless death would be the greatest boon that could possibly be conferred. Nevertheless, there are few patients, suffering agonies as they must do every day, who would voluntarily submit to such summary disposal; nor, if they were willing, would their friends or relatives allow it. Religious scruples would deter many others, the victim believing that by acquiescing he would in a way, though only in a remote way, become a party to his own demise. That ministers would allow it without vigorous protest there can be no question. There would arise from the legal aspect almost insurmountable difficulties, particularly in the way of settling of estates and of inheritance. Again, who can tell that a given, or we will say, a thousand given cases will all necessarily prove fatal within a given time? Certainly no reputable physician, whose experience must have proved to him not once, but many times, how fallible he is both as to his diagnosis and prognosis.

The entire question would not be worthy of grave discussion did we not read that this physician, encouraged by the newspaper notoriety that has been showered upon her and her project, is determined to present several bills before the Ohio Legislature looking to the legalization of euthanasia. We do not believe that such bills can be other than tabled by sensible men; if such a law should be framed, it might lead to incalculable wrong and crime. Suppose, for the sake of argument, that such a law was passed, who in the world would act upon a committee or commission to condemn an innocent sufferer to death, even though they were well aware that by so doing they were acting fully within the limits of the law and saving the victim hours and days of pain? Such a commission could not exist without numbering among its members one or more of the most reputable and skilled physicians of the community. Bring before your mind's eye, one after another, physicians to whom you accord such standing in our own city, and ask yourself could any one of them be induced for any consideration to serve on such a commission. Ask yourself the same question, and your answer would undeniably be in the negative. Indeed, there is great doubt if any body of men could be gathered together in this or any other city, who, granting that they would accept, would prove acceptable to the general public in such a situation as proposed.—*Lancet-Clinic.*

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In pulling on the round ligaments in the Alexander operation, use the fingers rather than instruments; a surer hold is given, one can gauge the proper force to employ more readily, and there is less likelihood of the ligaments tearing.

*American Journal of Surgery.*

# ECLECTIC MEDICAL JOURNAL.

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## FACULTY CHANGES AND ADDITIONS.

At a special meeting of the Board of Trustees, the following appointments were made for the ensuing year: Dr. J. R. Spencer, Professor of Obstetrics; Dr. Thomas Bowles, Professor of Diseases of Women; Dr. William N. Mundy, Professor of Diseases of Children; Dr. George E. Dash, Lecturer on Physical Diagnosis; Dr. Harry W. Behymer, Instructor in Clinical Medicine; Dr. J. Byron Van Horn, Demonstrator of Anatomy.

The following "Special Lecturers" were selected: Dr. William P. Best, "Specific Medication and Specific Diagnosis"; Dr. Carl G. Winter, "Orificial Surgery"; Dr. J. P. Harbert, "Use of the Ophthalmoscope in General Diagnosis"; Dr. E. R. Freeman, "Hernia"; Dr. Otto Juettner, "Electro-Therapeutics."

By the division of the Chair held by the late Professor Wintermute, we shall be enabled to very materially enlarge the work done in these three branches. Dr. Spencer needs no introduction. In an active practice of over twenty-five years, he has had an unusually large obstetrical practice, and has been a lecturer in the College on other subjects for the past ten years. Dr. Bowles is a graduate of the Eclectic Medical Institute, class of 1898, residing in Harrison. He had considerable experience in school work before he took up the profession of medicine, and we are satisfied that he will give a thorough course of instruction on this important branch, the Medical Treatment of Diseases of Women. Dr. Mundy, who will lecture on Diseases of Children, is well known to all of our readers. Dr. Dash is a graduate of the Eclectic Medical Institute, 1905, and was interne during his senior year at the Seton Hospital. He is a man of high scholarship, and will be well fitted to give a thorough course on Physical Diagnosis. The work outlined for next session on this subject will be more than doubled. The course on

Electro-Therapeutics, which will be delivered to the senior class hereafter by Professor Juettner, will be more extensive. Dr. Juettner is an expert in this department, the author of a standard text-book, and has all of the necessary apparatus at his command.

In addition it is our intention to very materially enlarge the scope of instruction in Chemistry, Pathology and Bacteriology. With the addition of the five special lectureships, we shall be able to give the advanced students some very important work. A portion of the new announcement will be found in this issue of the JOURNAL, and a complete announcement will be mailed to each one of our graduates early in June.

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### EARTHQUAKE REMINISCENCES.

The 18th of April, 1906, was a stirring day for some of the coast cities of Central California. Brick walls and chimneys came tumbling down, the earth groaned in travail, and, in San Francisco, devastating flames swept over the ruins of what were, a few hours before, magnificent structures of brick and stone, leaving nothing behind but ashes, fallen walls and tangled wires, blackened by flames. Probably no such disaster has ever before visited the United States. The great Chicago fire and other noted calamities hardly compare in magnitude with the recent destruction of San Francisco. The entire business portion of the city has been destroyed, only a few buildings being left standing, and these gutted by fire.

Live wires and escaping gas probably combined to set the place on fire after the "quake," and destruction of the water mains rendered the fire companies helpless to stay the devouring flames. It seemed useless to dynamite and destroy buildings in the path of the advancing conflagration. The relentless demon moved mercilessly on, until a magnificent city became a pathless waste.

The personal experience of the writer may be interesting to some of the readers of the JOURNAL. At 4:15 A. M. the rocking of the earth began, and for forty-eight seconds the roar of falling walls, creaking timbers, rattling crockery and tumbling furniture created an appalling din. The damage in Oakland was slight compared with that of San Francisco, only five persons being killed; but many hairbreadth escapes occurred, and some died from terror. The danger from falling of brick buildings suggests the folly of such structures in this country, unless steel be combined in their structure. The tallest building in Oakland, a thirteen-story structure, recently built of brick, with steel frame, suffered little, except the loss of a few window arches and slight cracking of walls; but those constructed of brick alone were severely racked, and



a few nearly demolished. The fatalities in Oakland all occurred in such structures, the victims mostly being killed in bed by falling brick and timbers.

What was left of the thousand edition of my "Practice of Medicine" was stored in San Francisco, and was wiped out. The books that remain are with the Scudder Brothers, in Cincinnati, and no more will be published. Luckily, the edition was nearly exhausted.

The average Eclectic is inclined to think that the lot of the publisher of Eclectic works is a happy one, but he does not realize the risks and losses to which the publisher is subjected. An allopathic work ought to be furnished at half the price of an Eclectic publication of the same quality. The old-school publisher will sell a hundred where the Eclectic publisher sells one. Strange to relate, but no less true, many Eclectic physicians spend their money freely to buy trash for their shelves written by allopath authors, and neglect the works of their own school. After acquiring the old-school books, they find, to their sorrow, that they are worthless more than half the time; yet they will probably be tempted to buy the next one offered by some enterprising agent, because they have been shown a list of other physicians in town who have purchased it. We are very much like sheep in one way, we follow the crowd. In 1899 a large part of the second edition of "Dynamical Therapeutics" was destroyed by fire. This is, therefore, my second experience. I still receive letters, occasionally, asking for copies of the work. It has been out of print for five years.

I have resided in California for twenty-four years now, and though I have noticed many slight trembles during that time, nothing of serious moment has occurred before. Thirty-eight years ago San Francisco was visited by an earthquake which tumbled the brick buildings into the streets, but those who were here then assert that its severity did not compare with that of the present shock. At that time Oakland was little more than an extensive grove of California live oaks. Now we have one hundred and ten thousand inhabitants.

The California Medical College has been wiped out; that is, the building site is now a desert of ashes and charred timbers. Whether the Board of Trustees will ever attempt to rebuild, is a question. If they do, they will probably have to furnish their own funds. The institution had been so badly managed for years that a heavy mortgage remained upon the property, and it is doubtful that enough will be left to liquidate its indebtedness. It seems as though it must begin at bed-rock again if it is ever to resume operations.

Considering the destruction of property, the loss of life was trifling. Though, of course, no one can yet know of all the fatalities, probably

the deaths in San Francisco will not very much exceed a thousand. Such a loss of life in a city of more than four hundred thousand inhabitants is very small, considering the extent of the disaster. The reason for this is, that the shock came so early in the morning that factory hands, clerks and other employees had not yet begun operations for the day, and had not left their homes for the portion of the city constructed almost entirely of brick. Few, if any, were injured in wood structures.

Eastern people who think of coming to California need not hesitate. The cyclones which roar through the Middle West are much more to be feared than earthquakes, and are much more destructive to life and property under favorable circumstances. Forty years render people careless about the construction of buildings, but this will be a useful lesson for a long time. With proper precaution about the character of the buildings constructed, there is little cause for fear of life or property. I stand in greater dread of lightning than of earthquakes. We have no thunder storms here that cause the least apprehension.

In 1755, Lisbon, in Portugal, was destroyed by an earthquake, and sixty thousand inhabitants were killed. In Calabria, a province of Italy, an earthquake occurred during the latter part of the seventeenth century, in which forty thousand people were killed. It would seem, therefore, that earthquakes are very dangerous to life; but we should recollect that buildings in those times and places were constructed of masonry with crumbling walls, held together only by quicklime mortar, and that they were a great menace to dwellers in them when shaken at the foundation by rocking of the earth's surface. If the residence portion of San Francisco had been thus constructed, and people had been packed together as in the houses of Lisbon and Calabria, doubtless as great a loss of life would have followed.

We are fortunate to live in times of quick communication with the East, for our wholesale drug houses have all been destroyed in this vicinity. However, it will probably not be long before the Lloyds and Merrells will have us supplied with new depots. Surgical instrument houses also have gone up in smoke, after coming crumbling down. Nowadays the world is not very large, and we can soon be supplied with our needs from its furthest bounds.

When earthquakes cease to trouble, according to good authority, this planet will be uninhabitable. The very fact that gases accumulate within the bowels of the earth shows that the forces of nature are active with us yet; but when such forces cease, our planet will be as dead as the moon, and will drift through space without life or warmth. We are, therefore, thankful for earthquakes, though we do not want them too often nor too forceful.

H. T. WEBSTER, M.D.

**RHEUMATISM IN CHILDHOOD.**

It is said that "an ounce of prevention is worth a pound of cure." In no disease is this adage of more force than in the one under consideration. Carelessness or indifference on the part of the nurse or physician in enforcing quiet or its necessity has blighted many a young life, and will continue to do so until the physician learns the value of absolute quiet in bed for these young patients afflicted with rheumatism. Neither is the physician always to blame. Frequently it is the parents. The child complains of vague pains in the limbs. There is no swelling or discoloration, no fever or constitutional symptoms, simply stiffness on motion, in connection with the vague wandering pains mentioned. The complaint is dismissed with the appellation, growing pains. Possibly a little liniment is applied and the child allowed to go to school or about its play. Possibly no further trouble occurs, and the case is soon forgotten; but just as likely an endocarditis develops, with all its complications, and we have a young life blighted by reason of the lack of proper precautions.

These thoughts were awakened by reason of a case seen to-day in our office, and which called for a renewed study of the condition. The antecedent history of our little patient runs thus: Swelling and pains in the knees during the winter. Some shooting pains in the arms, but no swelling of the joints. Stiffness in the joints and muscles. When she sits for any length of time, she can hardly arise by reason of this stiffness. What have we before us? A pale, frail little creature of twelve. Anemia marked. Pulse, 120. No elevation of temperature. Walks stiffly, thus avoiding as much as possible the use of the joints. Going down stairs she steps sideways, holding the knee joint rigid.

Examining the heart, we find the impact of the apex very strong and diffused over the chest walls. A loud, blowing murmur, heard best at the apex and transmitted to the left, heard nearly as distinctly in the back. It is also heard, but not nearly so distinct, over the entire front of the left chest, as well as for a short distance to the right side of the sternum. Exertion or emotion excites the action of the heart, when the action becomes tumultuous.

Certainly this is not a very flattering picture; yet it is by no means an uncommon one, nor yet a fanciful one.

We recall a case seen a few years ago, not quite so marked, in which as many opinions were given as there were doctors who examined the case. A girl of about the same age as the preceding one complained of shortness of breath, slight cough, and a loss of weight. Any exertion increased the cough and the difficulty of breathing. She was anemic

and slight in build. The pulse was 130, no elevation of temperature. The impact of the apex was seen over the chest wall. A slight blowing murmur being heard at the apex, transmitted to the left. The history elicited was, pains in the legs and slight stiffness for some weeks. Exercise, especially running, or even emotion, excited its action. As the child seemed to be growing fast, the case was dismissed with the diagnosis, growing pains, until the systemic condition called for action. Rest in bed for some weeks, with tonics and anti-rheumatics internally, alleviated the condition materially.

Unfortunately all cases do not respond to treatment so readily. The endocarditis results in the formation of deposits upon the valves, which, in accordance with their extent and location, lead to interferences with the circulation and their systemic effects, dyspnoea, dropsies, general anasarca and cyanosis.

It is a well proven axiom that one of the best preventives for heart complications in the infectious diseases is, "Rest in Bed." This being granted, it is especially imperative that in rheumatism, which is so prone to attack the heart in the young, all suspected cases should be kept quiet, preferably in bed.

The relationship between chorea, rheumatism and endocarditis has been frequently commented upon, and it is also asserted and proven that among the best remedies for chorea is, "Rest in Bed." Keep the relationship of these diseases well in mind; it may save us some chagrin in the future. Among other little things in practice, watch well the heart of your little rheumatic patients. When an affection of the heart presents itself in these little ones, think of rheumatism as a cause. It may be the only visible rheumatic lesion, as well as a sequel of a previous joint affection.

MUNDY.

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### MIXING REMEDIES.

Mixing remedies for their combined effect, or separate influence when administered together, is not always to be condemned, although if we can obtain results with the single remedy, no more is necessary. But a judicious combination is sometimes very efficient and to be advised; thus tonics and laxatives may be given together, and act favorably in certain cases; in many forms of anorexia and debility, with resulting anemia, hematics and digestive adjuvants are not contra-indicated, and may be given in combination or separately during the day. And so we will often find that more than one remedy is called for and can be given with advantage at the same time. It may be possible that in every case but one remedy is indicated, and will fulfill all

the conditions ; as yet, however, our knowledge is limited, and very few of us, so far, have attained that refinement in diagnosis which enables us to know in all cases just what single remedy will meet all the indications, remove the cause of disease, and restore the patient to health. Indeed, it is not unusual to find indications for a remedy by the tongue, and at the same time for another by the pulse, and yet another by the appearance of the face and eyes, so that we may give sulphite of soda, aconite and gelsemium, the aconite and gelsemium together and the alkali later or before. Many instances occur in which remedies may be combined without harm and for the best interest of the patient. Bryonia, asclepias and ipecac are congenial associates in some phases of pneumonia, while aconite and belladonna are agreeable companions when circumstances are propitious. Specific medication approaches single remedy medication as nearly as we will ever reach it, but a single remedy will rarely meet all the conditions. No doubt one man could erect a house, build a bridge or construct a road, but with assistance the work could be accomplished more rapidly and better. So in medication, remedies that harmonize may be combined, each doing its specific work, and thus more quickly restoring the patient to health.

But, on the other hand, such senseless jumble of remedies as we sometimes see can not be too strongly condemned. Medicines that are indicated by directly opposite morbid states should not be combined. Veratrum and aconite should not be given together ; they are opposites. Belladonna and gelsemium can not both be indicated in the same patient at the same time, and should not be mixed. Castor oil and kino, cascara and catechu, and, in fact, all laxatives, are out of place with intestinal astringents. Hydrochloric acid with neutralizing cordial or milk of magnesia is absurd and useless, while syrup of pepsin with lime water is simply inert, doing neither harm nor good. Sedatives and stimulants in the same mixture are irreconcilable.

Shotgun prescribing is unscientific and usually non-productive of good. But the use of single remedies in conditions contraindicated is more liable to result in harm than the much derided composite medication. It is true that, in some cases, at first there seems to be no definite indications for any remedy. In such cases it is better to wait, under a placebo, until some marked symptoms develop, for non-medication is better than wrong medication. Eclectics, to whom we should look for simple pure straight medication, are not always guiltless of absurdities in therapeutics, for we not only see them prescribing sedatives in combination with stimulants, but also frequently wildly mixing their sedatives the indications for which are diametrically opposed. After all, the old classification of remedies into sedatives, stimulants, tonics,

diaphoretics, diuretics, etc., is unscientific and not in harmony with our advanced progress in therapeutics, for the indicated remedy may be either or all of these. Thus, baptisia is generally regarded as an antiseptic in typhoid conditions, but in such states it is also a tonic and stimulant, and, in fact, may remove all the morbid phases of the condition. Podophyllin, a good cathartic, frequently serves as an expectorant and sedative also. Aconite, gelsemium, belladonna, veratrum, rhus, ipecac, asclepias, and so on, fulfill all the requirements when indicated. As we have no specifics for names of diseases, but only for special phases, so, also, we have no fixed array of remedies that may be rigidly classified according to the old style.

WATKINS.

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### UNUNITED FRACTURE.

Metabolism, both constructive and destructive, is characterized by the same cell processes and vital phenomena in all the tissues of the body. Repair or damage to any part or tissue of the body depends upon the same processes of cell reproduction and proliferation by which the entire structure was built up. Although we have not yet discovered just what constitutes the vital principle, we do know some of the conditions essential to its continuance and many of the agencies destructive to it. It is restricted to a narrow limit as to temperature. A few chemical elements must be provided in pretty definite quantities and proportions, and when the environment is made favorable in every respect, there is, nevertheless, a final limit to the changes by which it is perpetuated. The skeleton, the framework of the body, not only gives form and comeliness, but it is the foundation for the attachment of the muscles, on which all movements of grace and precision depend. The integrity of every piece entering into this framework is essential to the perfect working of the physical machinery. The first and most important requisite in case of fracture of a bone is to bring the fragments into complete apposition. As obvious and trite as this observation seems, it will be found, upon careful observation, that its importance is not appreciated in practice. The great majority, I am tempted to say all cases of failure to unite, are due to imperfect adjustment. Nature bridges over many bad gaps, and makes the best of our poorest joiner work to an extent that is indeed marvelous. There is a limit to natural reparative resources, and consequently cases are occasionally met with of ununited fracture, a still more deplorable issue than union in a distorted position. Authorities usually regard immobility of the fragments as the most important condition, and are wont to attribute failure to unite to incomplete restraint of motion between the fragments. Such failure is not

common, however, in fracture of bones which it is impossible to completely immobilize, as the ribs and clavicle. It is quite unknown in cranial fracture; when the depressed fragment is raised, the apposition is perfect, and there is no muscular or other force acting to produce displacement. Union with excess of callus, and failure to unite, occur where from muscular action or other causes there is a good deal of space between fractured ends, requiring not only special manipulation to secure adjustment, but such exact knowledge of the anatomical causes of displacement as will suggest to the surgeon the retentive appliance to maintain coaptation. The extraordinary development of surgery so frequently noted in recent time is least apparent in the treatment of fractures. Too much haphazard work, both in diagnosis and treatment, is still apparent in this branch of surgery. Unfortunate results are most frequently seen after fractures of the extremities.

In general, it may be said that such results can be avoided by accurate adjustment, and dressing the limb in position to relax the muscles, which, by their action, tend to produce displacement.

More definite and specific directions will be given in subsequent numbers of the JOURNAL.

CHURCH.

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### THE HEART IN PNEUMONIA.

In the May issue of this blessed old journal there is an editorial from the verry and vital pen of Dr. Stephens. There never was written by mortal man an article of more momentous import than is the one here referred to. Dr. Stephens is a *thinker*, and he thinks to purpose. He is loaded down to the guards with common sense, conjoined with the helpful impulse. Oh, if we only had more of such men!

What is it that a majority of doctors do in pneumonia? *They diminish the patient's chances of recovery*, that's what they do. We can not blink this fact, and it is dastardly to try to do it. Too many doctors, when a streak of the lightning of common sense strikes them, will seek to crawl out into daylight through a haze of euphemistic platitudes. Let us throw off the yoke of ancient convention and classicism; let us be in fact as well as in name free men, and let us "talk out from the shoulder." If medical truth is medical fire, then let us be spit-fires.

Now, drug antipyresis is either *right* or it is *wrong*. Dr. Stephens has demonstrated as clearly and plainly as any of Euclid's propositions were ever demonstrated that it is *wrong*. I have been fighting the antipyretic superstition for twelve years. Old *Gleaner* readers know this. I think I have done it in these pages. Particularly I have done it in my last book. I expect to fight this and certain other therapeutic errors

as long as I live. Brethren—you who are independent enough to do your own thinking and brave enough to publish your convictions—join Dr. Stephens and me in this righteous crusade. Eclecticism can not afford to tolerate, much less to foster, blatant and protrusive medical errors and abuses. It was born out of a revolt against the hideous atrocities of ancient allopathic therapeutics. Shall a time ever come when, in the smugness of imagined self-sufficiency, it shall crystallize into orthodox staticism? God forefend! Brethren, do not wrap yourselves up in the comfortable and snug-fitting delusion that Eclecticism is *all* right. It is not *all* right; it is only part right. Many Eclectics use drug antipyretics. *That is wrong.* Many use stimulants in depressed conditions. *That is wrong.* Many coquette with the tissue-food fallacy. *That is wrong.* All of these practices are violative of the fundamentals of therapeutic philosophy. Although many of you do not see it that way now, you *will* see it. You will see it, because the *right* will ultimately prevail. The question is, Which school is going to inaugurate the inevitable renaissance in therapeutic philosophy? Shall we, who profess to be specially progressive, let our old-school brethren carry off the honors in this tremendous juncture? I rather think we shall, for new-school cock-sureness is a little more unshakable than old-school conservatism. It is plain to all prominent and representative Eclectics that Eclecticism is losing ground. This fact can not be glossed over with pretty speeches. It is a consequence of *doctrinal indistinction*. Specific medication is good in itself, but the *principle* is not *peculiar* to Eclecticism. We can not successfully impress a generic term into specific use, and the sooner we learn this fact, the better it will be for our school.

COOPER.

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## HEDEOMA.

Some time ago an acquaintance called my attention to pennyroyal as a remedy for pruritus. We were botanizing together one day, when this old resident of the woodland came up for consideration. I had spied a bunch of pennyroyal, plucked it from the ground, and was inhaling its aroma.

The odor of pennyroyal affects me peculiarly. It always induces in me a retrospect of the past. I seem to see dimly the phantom of a bare-foot boy with tattered pantaloons, a battered and torn hat with a bunch of pennyroyal sticking in the band, and a sunburnt face beneath its rim, loitering under the few shade trees that mark the old woods pasture. And then in my day dreams I drift back through the years to the old home, with its farm house standing among the trees and the holly-



hocks beneath the window, the old well with its wooden pump under the shed, the orchard, the garden with its wealth of flowers intermingled with cabbages and the varicolored beets, and all that goes to make up that beauty spot of the country home. And then the woods in the distance, just beyond the "clearing," where the pennyroyal grew so thickly around the old dead stumps which alone remained as evidence of the once magnificent forest. And then to seek the shade of the old cottonwood and lie down, with one's hat for a pillow, and listen to the hum of the bee as it went on its busy rounds gathering store for the future. Or perhaps to gaze at the blue sky through the leafy canopy above, until the buzz of the bee was heard no more, but only a sleeping boy, whose face was fanned by the gentle zephyrs kept in motion by the broad leaves. And then, when the panoramic photograph of the scenes of one's childhood spreads out so vividly before him, is it any wonder that he wants to break away from the push and pull and turmoil of the strenuous life and reminisce just a little?

Said my botanizing friend: "Do you know that pennyroyal is the best medicine on earth for itching piles and pruritus ani?" "No." "Well, it is, and let me tell you how I found it out. I used to be troubled a great deal with piles and itching of the anus. One day, when I was suffering severely, I had occasion to go to stool under an old tree where grew the pennyroyal. In order to cleanse myself and finish my toilet in the woods, I had recourse to a few handfuls of pennyroyal, and will you believe it when I tell you that the irritation and intolerable itching ceased almost immediately, and was followed by a sense of coolness and comfort about the anus I had not felt for a long time? Ever since then the least irritation has sent me to the pasture, when I could get there, and the weed was in growth."

My companion being a man of the law, I had faith in his deductions, and it gave me something to think about.

When I returned to the city, I had a cerate prepared for me, containing one per cent. of the oil of pennyroyal.

I have used it with marked success in the treatment of pruritus on any part of the body. I have also used it in the treatment of eczema, and in combination with oil of thuja for varicose ulcer of the leg, with what I consider an improvement over the thuja alone.

In irritation of the Schneiderian membrane, when there is much distress with sensation of burning and a desire to sneeze, I have found relief by anointing the nasal cavities.

I simply desire to call the attention of readers to the remedy for the relief of pruritus and eczematous eruptions.

STEPHENS.

# In Summer Complaints

—THINK OF—

# ALKARHEIN OF USE IN INDIGESTION

Of course it will not cure all cases of dyspepsia, but it will be surprising how useful it will prove in so many derangements of the gastrointestinal tract.

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| <b>Rhubarb</b><br>2 1-2 grains.           | { A superior laxative because it does not impair, but improves the digestion—is a tonic, also astringent.                                      |
| <b>Golden Seal</b><br>1 1-4 grains.       | { (With the acrid resin removed)—the great tonic and corrector of the mucous surfaces.   |
| <b>Potassium Bicarb.</b><br>2 1-2 grains. | { Antacid. Increases alkalinity of the blood and the oxidation and excretion of effete matters.  |
| <b>Pancreatin</b><br>1 grain.             | { Promotes intestinal digestion, converts starch into sugar and dextrose; proteids into peptones; emulsifies fats; digests the casein of milk. |
| <b>Ceylon Cinnamon</b><br>1 1-4 grains.   | { Valuable in atonic conditions of the intestinal mucous membranes, with flatulence and diarrhea.  |

**Spirit of Peppermint** and a minimum of Simple Elixir is a menstruum that will commend itself to physicians.

Think of Alkarhein in acid Dyspepsias, Flatulent Colic, Cholera Infantum, Cholera Morbus, Diarrhea, and all abnormal acid conditions of the alimentary tract. Think of Alkarhein in these cases and prescribe it as thousands of physicians have been doing for many years with the confidence born of experience.

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# THE ECLECTIC NEWS

## A MONTHLY NEWSPAPER

VOL. XI.

JUNE, 1906.

No. 6.

### BOOK NOTICES.

**The Eclectic Practice of Medicine.** By Rolla L. Thomas, M. D., Professor of the Principles and Practice of Medicine in the Eclectic Medical Institute, Cincinnati, O.; Ex-President of the National Eclectic Medical Association; Consulting Physician to the Seton Hospital. Illustrated with two lithographs in colors, six color prints, and 57 figures in black. 8vo, 1033 pages. Price, cloth, \$6.00; sheep, \$7.00. The Scudder Brothers Company, publishers, 1009 Plum st., Cincinnati.

The appearance of this work by Prof. Thomas is an epoch-marking incident in the history of Eclectic medicine. Prof. Thomas has, by his experience as a teacher of Eclectic medicine, and by having been for many years closely connected with the leading college of the Eclectic school of medicine, thus bringing him into close contact with the brightest men in the medical profession, become peculiarly fitted for the task of writing a work that would at once become a recognized authority in the Eclectic school, and a criterion for others to follow. The result of his labors as an author is certainly all that his most optimistic admirers could desire. In this volume he has produced a work that every true Eclectic should, and no doubt will be when he has become acquainted with its merits, proud to point to as one of the most conspicuous monuments of professional literature that has ever emanated from an Eclectic physician. To my mind the most striking feature in the work is its pure Eclecticism. There is no tincture of Jack-o'-lantern fads and fancies, such as is at this time the curse of the medical profession, to be found marring its pages. It is Eclecticism in all its purity and beauty, and as such it deserves a hearty reception by every man that is so fortunate as to be an Eclectic physician. When a physician of another school of medicine wishes to know of what Eclectic practice consists, he will be compelled to turn to this great work for information, and in its pages he will not find disappointment.

The diseases to which the human body is subject are classified and arranged in this book according to the usual system, thus making it a

useful work for either the student in college, or the practicing physician as a work of reference. The most prominent feature in the work is its thorough consideration of the subjects of symptomatology and treatment of each disease considered. Etiology and pathology receive all the consideration necessary, but unlike the works of some authors, in this case they are given a secondary consideration, as compared with that most important division of the work of the physician, aiding nature in her efforts to bring about a cure. It might be said of this work, it is "long" on symptomatology and treatment, and "short" on bugology and serum therapy. The reader of this work will at once see that the author has knowledge and convictions, and he has the stamina to boldly give them. The work closes with a section devoted to the consideration of indications for remedies, which is as complete as the present state of knowledge will permit.

As a mechanical production, the book is all that the book-makers' art could make it. The one volume is not too cumbersome. The type is large and clear, making it easily read. The paper is the best, and the binding is tasty and neat.

This book must be on the desk of every physician who desires to be "up to the times" in the practice of medicine.

H. L. HENDERSON, M. D.

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**The World's Anatomists.** By G. W. H. Kemper, M. D. 79 pages, 11 illustrations. P. Blakiston, Son & Co, Philadelphia. Paper, 50 cents.

A useful little volume, giving brief life-like sketches of the scientists whose names are linked with anatomy and are so frequently encountered in anatomical reading. It should be of special value to the student, bringing to him at least a reading acquaintance with the world's great anatomists.

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**Physio-Medical Therapeutics, Materia Medica and Pharmacy.** By T. J. Lyle, M. D. Published by J. M. Lyle & Bro., Salem, O.

Physically this book is not up to the average of the medical books of the day. But as with man, the real worth is upon the inside. The title page is illuminated. This does not count. Under the head of Physio-Medical Therapeutics is told, in an interesting way, what this sect in medicine is and does—its principles and practice. These 57 pages will benefit any practical physician who will read them carefully. Their drugs are taken up in alphabetical order and treated materia-medically—briefly in most instances. Occasional topics, like water, alcohol, anesthesia, electro-therapeutics, x-rays, microscopy, etc., are treated at great length by special authors and eminent writers of the

# The One External Remedy for Winter-Bred Diseases

**What Does the Word Libradol Mean?**—The word is fanciful. It was created as a title for the pharmaceutical preparation to which it is affixed and was never known preceding the introduction of that remedy. Of one thing it is well to be assured, namely, that :—

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**What Will Libradol Do ?**—It will relieve pain where other external applications fail to have any influence whatever. Try a leaf of paper spread with Libradol where poultices or other external mixtures do not give relief. Note its prompt, quick action in croup, as well as in painful parts.

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**Who Uses Libradol?**—It is an established remedy and employed only by physicians. Libradol is not a "home cure" nor is it advertised to the people.

**To What Affections is Libradol Applicable?**—The sixteen-page pamphlet on Libradol gives the reports of physicians who use it in pain diseases, such as Asthma, Cough, Croup, Lumbago, Pneumonia, Rheumatism, and pain generally. A thousand or more physicians have written enthusiastically concerning its value in "winter-bred diseases" where prompt relief is necessary. For such, Libradol is unquestionably the most effective local application and the quickest in action.

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| 1/2-lb. jar......80 "      | " " ..... .95      | 5-lb. jar, hospital size (not mailable), 6.50 |                    |

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school. Pharmacy has been treated in a way that will help any physician in the preparation of his own plant products. The primary intent of the author was to add a supplement each year to keep the book up to date. In the volume before us are found such supplements for 1899 and 1900, each having its own index. In the latter is a list intending to assist in the application of drugs to the cure of diseases; an index of disease conditions and agents—a practical classification of *materia medica*. It is a ready reference.

---

**Nursing in the Acute Infectious Fevers.** By George P. Paul, M. D. 12mo, 200 pages, illustrated. W. B. Saunders Co., Philadelphia. Cloth, \$1.00 net.

This book, though intended for the nurse, contains many practical points of advantage to the physician as well. It is divided into three parts. The first treats of fevers in general and the methods of nursing the same; the baths and their mode of administration, as well as their indications. Part second treats of special fevers, briefly outlining the symptoms and treatment; whilst part third treats of antitoxins, bacteria, urine and its administration, etc. Altogether the book contains much information of a general character that it is well to know.

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W. N. M.

**A Manual of the Eclectic Treatment of Disease.** By Finley Ellingwood, M. D., Professor of *Materia Medica* and Therapeutics in Bennett College of Medicine and Surgery. Vol. I. 8vo, 455 pages, cloth, \$3.

Prof. Ellingwood's thorough knowledge of Eclectic drugs and their application to diseased conditions make him peculiarly competent to write a work on the Eclectic Treatment of Disease. The book is quite exhaustive in this direction, and is a fitting companion to his work on *Materia Medica*, Therapeutics, and Pharmacognosy. The author not only gives the results of his own experience, but has drawn freely from the good things of his brother practitioners. The book is not designed to be a work on practice, therefore he has not paid so much attention to definition, etiology, pathology, symptomatology, diagnosis, etc.

Vol. I should be in the hands of every Eclectic, and we will look forward with pleasure to the issue of its companion, Vol. II.

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R. L. THOMAS.

**Diseases of Children.** By Ferdinand Fruhwald. Edited by T. S. Westcott, M. D. Illustrated. W. B. Saunders Co. Price, \$4.50.

This book upon the diseases of childhood is prepared by the Chief of Clinic in the Vienna Polyclinic, and the author tells us in his preface that he has written it to "supply the lack of a compact technical manual." It contains a number of black-and-white illustrations which are



well chosen and add materially to the text. The American editor tells us that under the heading of Treatment he presents the author's practice substantially without change in order that a complete epitome of pediatric therapeutics, as at present in vogue in Vienna, may be presented to the reader. We wish that he had seen fit to add to the text measures which are popular and frequently employed by American practitioners.

J. K. S.

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**Diseases of Children.** By C. Sigmund Raue, M. D. Revised, with 61 illustrations, 776 pages. Cloth, \$5.00. Bcericke & Tafel, Philadelphia.

It is a pleasure to welcome complete scientific treatises, which add to the general knowledge of the subject the advantages of homeopathic treatment. This volume upon pediatrics by the well known authority, Dr. Raue, is practically a new work, although it appears as the second edition of his previous work. The text has been entirely re-written, and much new material has been added. The work embodies the latest discoveries in the field of pediatrics, and contains the later and more conservative methods which the author's ripe experience has taught him. Chapters upon Infant Feeding, which are practically new, and upon Diseases of the Ear, Nose and Throat, are especially valuable, while excellent illustrations and diagrams serve to elucidate the text.

J. K. S.

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**The Operating Room and The Patient.** By Russell S. Fowler, M. D. Fully illustrated. 8vo, 172 pages, cloth, \$2.00 net. W. B. Saunders Co., Philadelphia.

This little book is for the use of internes and nurses both. It treats of one of the most difficult parts of the work of the training school. Dr. Fowler has divided his book into chapters discussing the various points as follows: The operating room and its personnel; the instrument and supply room; anesthesia; the patient; general considerations in the after treatment; lists of instruments and dressings commonly employed. The text is illustrated where possible. Each subject is worked up from the standpoint of the nurse and of the hospital interne and is thoroughly gone into. The directions for general preparation and after treatment are very good. The book is a valuable addition to the nurse's library.

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**Christianity and Sex Problems.** By Hugh Northcote, M. A. The F. A. Davis Co., Philadelphia. Cloth, \$2.00.

The important topics touched on in this work are treated in a manner which will be found pleasing to the majority of thoughtful readers.

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**"Our observation of the medical literature indicates that ECHINACEA is being used far more than formerly. — J. A. M. A., APRIL 8, 1905."**

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The attitude maintained by the author is not strikingly novel in any particular, and his suggestions are nearly always in accordance with time-honored standards of Christian morality. The book is an extremely useful one, and nothing but general good can come from the diffusion of the views exemplified within its pages. The author deals with difficult questions in a reverent spirit, and if there be little that is not conventional in his dictates, this does not detract from the general soundness of his conclusions.

J. K. S.

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## COLLEGE AND SOCIETY NOTICES.

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### **The Ohio State Eclectic Medical Association.**

The forty-second annual session of this Association was held at Columbus, May 1-3. The meeting proved one of the most successful in the history of the Association, 122 physicians being registered, and 101 present at the evening banquet.

President McMillen, who is somewhat of an invalid and is confined to his bed most of his time, was enabled to be present at two sessions of the meeting, and during the three days took great pleasure in welcoming his many professional friends, and it was a great treat for the members to have this old wheel-horse with them again.

Quite a number of interesting and instructive papers were read and discussed. The Association goes ahead with a membership of 255 and a snug balance in the treasury. The committee of arrangements for the National report excellent progress, and we feel safe in saying that all visitors will receive genuine Buckeye hospitality at the Put-in-Bay session, June 19-21.

The following officers were elected to serve for the ensuing year: President, W. K. Mock, 546 Lorain street, Cleveland; First Vice President, Charles W. Beaman, 2223 East Third street, Dayton. Second Vice President, J. P. Harbert, Bellefontaine. Cor. Secretary, John J. Sutter, Bluffton. Rec. Secretary, W. N. Mundy, Forest. Treasurer, Ralph P. Taylor, Sixth avenue and High street, Columbus.

The next session will be held in Cleveland in May, 1907.

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The thirty-eighth annual Commencement of the Bennett College of Eclectic Medicine and Surgery was held at the Powers Theater, Chicago, Tuesday evening, May 8. A very interesting programme was rendered, 54 graduates receiving the degree of Doctor of Medicine—the largest number in recent years.

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The graduating exercises of the Eclectic Medical College of the City of New York were held Wednesday evening, May 9, at the Carnegie Lyceum. The invocation and prayer were delivered by Prof. Joseph Rushton. The report of the Faculty was made by the Dean, Dr. Boskowitz. The address was made by A. H. Robinson, and the valedictory by David L. Russell. The degrees were conferred by Hon. Judge W. R. Spooner.

### The National Outlook.

The reports from the Section officers now in, show that a great deal of interest has been aroused in the session which is to be held June 19-21, at Put-in Bay, Ohio. The outlook is a fine one. The list of papers promised is much larger than last year, and nearly as large as that of the St. Louis meeting, which was the most successful in the history of the Association.

The Committee of Arrangements has made every effort to prepare for an excellent time. Their programme will consist of pleasure trips, band concerts, and other attractions. The session will be so conducted that no time shall be wasted, and every possible moment shall be devoted to the reading and discussing of papers.

The location for the meeting is one of the most attractive spots in the United States—one where tourists assemble each year in great numbers—one offering very many unusual features. Doctor, make up your mind to go to Put-in-Bay this year, whatever happens, and help us conduct a most enjoyable session.

FINLEY ELLINGWOOD, M. D., Secretary.

### The Kentucky State Eclectic Medical Association

Held a small but very interesting meeting in Louisville, May 4 and 5. Several interesting papers were read and discussed. A number of local homeopaths were invited guests, and some lively and spirited discussions were engaged in. Among the outside visitors were noted Dr. A. P. Hauss, of New Albany, Ind., Prof. Lyman Watkins, of Cincinnati, and Dr. J. Paul Harvill, of Nashville, Tenn., President of the National. The following officers were elected to serve for the ensuing year: President, Dr. Wm. Leming, Lexington; Vice President, Dr. J. J. Morrill, Hopson; Secretary, Dr. Lee Strouse, Covington; Treasurer and Corresponding Secretary, Dr. J. C. Mitchell, Louisville. The next place of meeting will be Newport, about June first, 1907.

**The Colorado Eclectic Medical Association** will meet at Denver, June 12, 1906. Almo de Monco, Denver, President; B. Franklin Richards, Denver, Secretary.

The graduating exercises of the American Medical College were held in the Association Hall, Grand and Franklin avenues, St. Louis, Mo., on April 24th. A very interesting program was rendered. Twenty-two graduates received their degrees.

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## PERSONALS.

**Locations.**—Several good locations at Golden, Plymouth, Huntsville, and several other towns. For particulars address, with stamp, Mr. J. G. Whetstone, Augusta, Ill.

Good Location at Milroy, Rush county, Ind. 880 population, good surrounding country. For particulars address, with stamp, Dr. Bert Coffey, Laurel, Ind.

Good country location in Kentucky. My health and age prevent me from doing all the work, and I should be glad to introduce an assistant. For particulars address, with stamp, Dr. A. J. O'Bannon, Elizaville, Ky.

Good location at West Plains, Mo. For particulars address, with stamp, E. F. Yeoman, box 112, West Plains, Mo.

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Dr. O. C. Welbourn, one of the editors of the Los Angeles Journal of Eclectic Medicine, and one of the Professors in the Eclectic Polyclinic, has opened a private hospital at Los Angeles, at the north-east corner of Tenth and Olive streets. Miss A. E. Dusold will act as Superintendent, and Dr. J. Park Dougall, House Physician.

**Wanted**—Lady physician to buy half interest in my office and practice. Doing \$500 to \$800 cash every month. Population 50,000. All modern electrical appliances, superheated air, range, etc. Must furnish best of references, be refined and cultured, as my class of patients demands it. Practice limited to diseases of women. Eclectic preferred. Price \$3,000. Don't write unless you have money and ability and mean business.

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## READING NOTICES.

**Importance of an Active Liver.**—The liver is the largest organ in the body, and the part it plays in the metabolic processes of the human economy is not secondary to that of other organs. It may be accepted that an active liver insures a fair degree of, if not perfect, health. But let there be the least departure from the normal, and very pronounced results are apparent. The digestive processes are so dependent upon a free liver secretion, that gastric and intestinal disturbances quickly follow any interference with these hepatic duties.

The profession so well recognizes the influence of a perverted hepatic function as a factor in interfering with the regular physiological processes, that it almost instinctively turns its attention to the liver, and takes steps to set it right. For this purpose calomel, phosphate of soda and other drugs are in common use, but none has a worthier name as a cholagogue than Chionia. Chionia is the active constituent of Chionanthus virginica, and in the process of manufacture the inert and objectionable parts of the plant are eliminated. This agent has long been known as a valuable addition to modern drug lists, and its extensive use among physicians, who get results, is evidence that it is a preparation of much merit.

It is commonly used in hepatic torpor, a condition calling for direct stimulation of the liver cells. It does this in an efficient manner, producing a healthy secretion of bile, and aids in its discharge into the intestinal canal. In jaundice it ameliorates the condition by providing a normal flow and securing an outlet for the bile pigment. It is valuable in constipation, not through any purging effect, but by its influence on the liver. In chronic constipation it is of particular efficiency. The ordinary dose of Chionia is one or two fluid drachms three or four times a day.—The Medical Mirror.

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**A Tonic During Convalescence** from Acute Lung and bronchial diseases.—Opinions as to the proper management of a pneumonia differ widely, one man adhering to a certain mode of procedure and another employing another method of treatment. Owing to the very nature of



the disease, there could scarcely be any uniformity of treatment. The point at issue is to keep the inflammation under subjection as well as possible, guiding the patient with the same cool and steady hand that a mariner uses in steering his craft through a treacherous channel.

But even with defervescence of the disease established the trouble is not yet over. It is at this time when the need for a tonic constructive is clearly shown. The patient should now be put upon Hagee's Cordial of Cod Liver Oil. This is one of the best known of the cod liver oil preparations, and its palatability adds very much to its efficiency as a remedy. Hagee's Cordial will prove acceptable to stomachs that are intolerant of ordinary cod liver oil. Its therapeutic value is much enhanced by the addition of the hypophosphites of calcium and sodium. —The Medical Mirror.

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**John Uri Lloyd.**—Though we do not agree with Prof. Lloyd on many things—notably on the relative medicinal value of the active principle and the tincture, specific or otherwise—we are glad to add our word of appreciation of the splendid work he is doing in elevating pharmacy and therapy to the loftiest planes. Every physician, Eclectic or not, owes him a debt of gratitude for his careful studies of American medicinal plants. So we strike hands with him across the sea, and wish him a hearty "bon voyage," and opportunities for an abundance of work of the kind he loves best.—Amer. Jour. of Clinical Medicine.

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**Intestinal Disorders.**—At this period of the year we are called upon to consider carefully the application of therapeutic measures to be employed in the treatment of disease of the gastro-intestinal tract.

A prominent practitioner in the South, whose wide experience justifies authority, recently embodied in a paper the following statement: "In diseases of the intestinal tract in children or adults, whatever the diagnosis may be, we always trace the origin of the trouble to a want of alkalines to correct an excess of acidity during the digestive process." This is of deep interest to us, as it gives the key to the marked results following the administration of the alkaline antiseptic, Glyco-Thymoline, which not only corrects existing hyperacidity, with its concomitant symptoms, but causes, by its exosmotic property, a rapid depletion of the engorged membrane and a stimulation of the glandular system to normality, whereby the proper amount of alkaline fluids will then be secreted.

In severe cases of cholera infantum, dysentery, ileo-colitis, etc., the solution should be administered as a colon flush, using a ten per cent. solution of about 100 deg. F. This treatment, combined with one to two drachm doses per oram, serves to rapidly eliminate all toxins, promote an aseptic condition of the bowel, and to encourage what is most needed, the secretion of normal alkalines.

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The enterprise and courage of the members of the San Francisco drug trade were clearly exemplified during the recent disaster. Before the fire was extinguished they placed large orders with the manufacturing chemists. One house ordered 30,000 pounds of Antiphlogistine, and altogether over 100,000 pounds were shipped to the coast upon order within a week. On a steamer from New York, running up the California coast at the time of the earthquake, were 35,000 pounds of Antiphlogistine, and upon orders from the home office, the emergency hospitals were liberally supplied free of charge.

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Prices quoted are net to the dispensing physician and the retail trade—post paid for cash with order. (For complete formulas see list.)

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## Original Communications.

### SOME OF THE FOUNDER'S REMEDIES.

By John William Fyfe, M. D., Saugatuck, Conn.

In these days of innumerable new remedies and new "fads and fancies," there is a possibility of our substituting less efficient drugs for some of our older and well tried remedies. It would seem well, therefore, for us to occasionally call to mind some of the many virtues of these old remedies — the drugs with which Dr. Wooster Beach, the founder of Eclectic medicine, achieved his phenomenal success in the treatment of the various wrongs of life.

In the days of Dr. Beach pleasant medicines were not numerous, but it was the doctor's constant endeavor to employ his remedies in such forms as would give as little offense to the sight and taste as was possible under the then existing circumstances. In referring to the treatment of the diseases of children, in his "American Practice of Medicine," Dr. Beach remarked: "Another reprehensible custom is to force down some nauseous drug every time the child begins to cry. \* \* \* Those who wish to bring up children in a healthy condition should be content to follow the simple path of nature and common sense. \* \* \* Few things tend more to the destruction of children than drenching them with strong and nauseous drugs. In their treatment simple remedies should be employed." Among the simple remedies referred to, catnip and fennel seed occupied prominent places.

Thinking that such a review may not prove entirely devoid of interest, I will here call attention to some of the drugs mentioned in an early edition of the "American Practice of Medicine" as the remedies employed by Dr. Beach and his associates.

Euphorbia ipecacuanha was a favorite remedy of the early Eclectics, and they rightfully believed it to possess curative properties of great value. Dr. Beach regarded it as "an excellent hydragogue, evacuating the water when all other agents had proved useless." "In one

case of dropsy, which had resisted every means made use of to remove it," said the doctor, "I advised fifteen grains of *euphorbia ipecacuanha* three times a week, and the effect was a complete evacuation of the water, followed by a permanent cure." *Euphorbia* was also successfully employed as an emmenagogue, and in the treatment of bilious colic.

*Scutellaria lateriflora* was the leading remedy in the treatment of chorea, and Dr. Beach cured a large number of severe cases of the disease with this drug alone. *Scutellaria* was deemed an efficient medicament in the treatment of the bites of mad dogs, and Dr. Vanderveer was said to have "preserved with this remedy four thousand persons and one thousand cattle from becoming affected with the disease after they had been bitten by rabid animals." It was also believed to be "very useful in convulsions, tetanus and tremors."

*Liriodendron tulipifera* was a most satisfactory remedy in the treatment of intermittent fever, and many of the older practitioners deemed it fully equal to Peruvian bark. In the treatment of atonic conditions of the stomach and bowels, its tonic and stimulating properties were highly esteemed, and in nervous afflictions it was also found useful. In regard to this latter use of the drug, Dr. Beach wrote as follows: "There is not in all the materia medica a more certain, speedy and effectual remedy in hysteria than the wild poplar bark."

*Artemisia absinthium* was freely exhibited in all diseases requiring a remedy possessing decided tonic properties. Of this agent it was said that it "promotes the appetite and digestion, quickens the circulation, and imparts to the whole system a strengthening influence." In chronic diarrhea, amenorrhea and chronic leucorrhea it was regarded as a remedy of no small curative power. It was also found useful in intermittent fever.

*Digitalis purpurea* was frequently employed in fevers and inflammations. An early writer referred to it as follows: "*Digitalis* diminishes the activity of the pulse and the general irritability of the system, and increases the action of the absorbents and the discharge of urine. In dropsy in the chest this medicine is very useful. It never fails to increase the discharge of urine and afford relief."

*Juglans cinerea* was a favorite cathartic, for the reason given by an early writer in the following language: "*Juglans*, when given in doses of fifteen to thirty grains, operates as a cathartic, without occasioning heat and irritation." It was also employed as "an aperient in habitual costiveness, as it does not leave the bowels in a costive state."

*Lobelia inflata* was not extensively employed by Dr. Beach, but many of his associates deemed it a remedy of great usefulness. In one of his terse articles the doctor referred to the drug as follows: "*Lobelia* pukes freely, but it is very exhausting to the system, and when given

alone, sometimes causes alarming appearances, although the patient soon recovers from its effects. I sometimes combine it with ipecac and bloodroot, equal parts, which makes an excellent emetic in all cases in which its use is required."

*Atropa balladonna* seems to have been seldom used internally, but as a local application it was frequently found useful. In speaking of this drug Dr. Beach said: "It produces heaviness of the head, vertigo, and dilatation of the pupil of the eye, but, notwithstanding its poisonous quality, it is used with great benefit, externally, in the cure of cancers, and in discussing indolent tumors in the breasts of females. It is also applied to boils and all hard and painful glandular swellings with great benefit."

*Baptisia tinctoria* has always been regarded by Eclectics as a remedy possessing valuable properties and one of great usefulness in all low forms of disease. Our early Eclectics were no less impressed with its curative effects than are we of the present day. They employed it in "inflammatory affections bordering on gangrene, syphilitic ulcers, malignant ulcerations, sore mouth and throat, sore nipples, and chronic sore eyes." It formed the basis of a favorite salve.

*Leontodon taraxacum* was regarded as "one of the most valuable remedies in the materia medica. It exerts a sure and efficacious effect upon the liver, and removes obstructions." It was also deemed an efficient remedy in diseases of the kidneys.

*Conium maculatum* was employed in acute diseases, in what were in those days deemed small doses, as a means of relieving pain. It was also used to "discuss scrofulous and cancerous tumors of the breasts." At the same time it was locally applied for the same purpose."

*Ipecacuanha*, in small doses, was found useful in atonic conditions of the stomach, and was a frequently employed remedy in indigestion, biliousness and liver complaints. It was also used in fevers as a means of "keeping up a determination to the surface."

*Asclepias tuberosa* may well be called an Eclectic remedy, for it was highly esteemed and extensively employed by the founder of Eclecticism, and has ever continued to constitute a medicament greatly valued by all Eclectics. It was much used in pleurisy and all lung troubles, as well as in colic and flatulency.

*Pinus palustris* was deemed an efficient remedy in rheumatism and consumption, and in diseases of the kidneys it was used with good success. It was also employed as a means of increasing the flow of the menses, and was said to act on all the secretions and excretions.

*Sanguinaria canadensis* was extensively employed by the early Eclectics. It was regarded by them as a remedy of great value in

malignant scarlet fever and in pneumonia, and especially indicated when the expectoration was streaked with blood.

*Trillium latifolium* was deemed a good medicament in bleeding from the kidneys, bladder and urethra, uterine hemorrhage, spitting of blood, and immoderate menstrual evacuation. It was also employed in asthma, coughs, and hectic fever.

*Aloe spicata* was prescribed in habitual constipation on account of its power of "warming the habit and quickening the circulation."

*Arctum lappa* was successfully employed in dropsical affections "when other powerful medicines had been ineffectually used." It was deemed an alterative and diuretic of great usefulness.

*Apocynum cannabinum* was then, as now, highly esteemed as a remedy in some forms of dropsy. It was also employed in indigestion, and the dose administered was "as much as the stomach will bear."

*Amygdalus communis* was a favorite remedy in "tickling coughs" and hoarseness, and in the "scalding of urine in diseases of the kidneys" it was deemed especially serviceable. It entered into several of Dr. Beach's compounds.

*Asclepias syriaca* was regarded as a "powerful diuretic," and was employed in dropsy and suppression of urine. "It cured several convicts, in the State prison, laboring under dropsy."

*Aristolochia serpentaria* was deemed an efficient "tonic and diaphoretic, and, therefore, good to promote perspiration and strengthen the stomach. It should be given warm, to sweat; cold, to strengthen."

*Capsicum annuum* constituted an important medicament in colic, rheumatism, fever and ague, coldness of the system and malignant sore throat. "It saved some whose state had been thought desperate."

*Juniperus communis* was believed to exercise a very decided stimulating action on the general economy, but more especially on the kidneys, increasing the secretion of those organs. It was principally employed in dropsy.

*Coptis trifolia* was often used as a tonic and stomachic, "promoting digestion and strengthening the viscera. It is also good as a gargle in ulceration of the mouth."

*Archangelica* was deemed a good remedy for pain in the breast, and also in wrongs arising from flatulence and debility of the digestive organs.

*Anthemis nobilis* was believed to be an efficient medicament in pulmonary diseases, and it was also much used in glandular swellings.

*Arum triphyllum* was frequently found useful in coughs, colic, canker, pains in the breast, and low typhus.

*Althæa officinalis* was used in wrongs of the urinary organs, espe-

cially when there was irritation and pain. An early writer said: "It relaxes the passages in nephritic complaints."

*Aralia racemosa* was an important remedy in coughs, colds, and "gout in the stomach."

*Berberis vulgaris* was frequently called for in jaundice, malignant fevers, dysentery and bilious diarrhea.

*Anapodophyllon nigrus* was found serviceable in pleurisy, fevers, obstructed menses and colds.

*Cornus sericea* was successfully employed in vomiting, caused by pregnancy and uterine diseases.

*Convallaria multiflora* was a favorite remedy in "all cases of leucorrhea and immoderate flowing of the menses, arising from female weakness."

*Cypripedium pubescens* was employed in cases requiring a sedative, nervine and anti-spasmodic.

*Crocus sativus* was a frequently employed diaphoretic, and was thought to be indicated in all eruptive diseases, including smallpox.

*Daucus carota* was much used as a remedy for gravel and "in stone from the kidneys and bladder. It removed an enormous quantity of gravel in one case and cured the person."

*Datura stramonium* constituted a useful remedy in inflammatory and painful swellings of the glands, and it was also deemed efficient in epilepsy and other convulsions.

*Eupatorium perfoliatum* was classed among the most efficient drugs in the treatment of intermittent fever and in yellow fever. It was also successfully used in many cases of dyspepsia.

*Geranium maculatum* was regarded as one of the most valuable astringents in the materia medica, and was a leading remedy in internal and external hemorrhages.

*Hydrastis canadensis* was classed as a superior tonic and laxative, and was frequently employed in dyspeptic and other troubles of the stomach.

*Hamamelis virginica* was found useful in the treatment of ulcers and "as an injection into the vagina for falling down of the womb, and as a wash for falling of the intestine."

*Lycopus virginicus* was much used in bleeding of the lungs and in coughs.

*Laurus sassafras* was thought to be a good remedy in acute inflammation of the eyes, as well as in catarrhs and dysentery. Dr. Eberle wrote that its continued use cured an "inveterate rheumatism."

*Myrica cerifera* was one of the most prominent drugs employed in the treatment of scrofula and jaundice—"especially that called black jaundice." It is one of the most valuable productions of this or any other country."



*Menispermum palmatum* was said to "give strength to the stomach and intestinal canal, without stimulating. In dyspeptic complaints it exerts its greatest benefits."

*Nepeta cataria* was a favorite remedy in the treatment of children, and was thought to be indicated in all forms of fevers and colds, because "it induces perspiration, which throws off the cold and restores the patient to his ordinary health."

*Mentha viridis* constituted the most important drug contained in a preparation which Dr. Beach said he had discovered by accident to be remarkably efficacious in suppression of urine.

*Pterospora Andromeda* was much used in fevers, particularly in typhus. "It keeps up a moisture of the skin, and produces no excitement."

*Rumex crispus* was employed as a remedy for indolent ulcers, glandular tumors, and "scrofulous and other taints of the system."

*Tanacetum vulgare* was used in fevers, agues, hysterics, dropsy, and to regulate labor pains.

*Salvia officinalis* was extensively employed in coughs, colds and fevers, and held in such high esteem that one author wrote: "Why dies the man whose garden sage affords?"

### THE MERGER PROPOSITION.

By Herbert T. Webster, M. D., Oakland, Cal.

According to the Standard Dictionary, the word "merge" means "to sink the identity or individuality of; cause to disappear, be combined, or be swallowed up."

The editor of the *California Medical Journal* and some of his contributors have recently been considering favorably the merging of California Eclectics with the homeopaths and allopaths into a common college, suggesting that the feeble condition of the California Medical College justifies such a procedure.

To me this appears like an acknowledgement of defeat, and a desire to crawl inside the lion and lie down in lamb-like meekness. The proposition, to me, indicates a remarkable short-sightedness on the part of the proposers of such a scheme, which is too feeble and too silly to bear very much inspection. When we are defeated, let us admit it like men and stoics and submit, not asking those who have ever been our adversaries — seeking our downfall — to take us in out of the cold.

Let us not forget that there are other States in the country in which Eclectic medicine is in a flourishing condition, and that it would be very unfair to them to surrender our identity in this. Because we have

made a losing fight and been defeated, or nearly so, through the folly of a few who have sought to either rule or ruin, it is no sign that Eclectic medicine is going to the dogs. The trouble has been all along that there has not been enough genuine Eclecticism in a so-called Eclectic college. There have been too many half-Eclectics in the Faculty and too much hybrid teaching, for years, to graduate zealous Eclectic practitioners. The efforts of a few have been neutralized by the scoffing of others who have loved to pose as therapeutic nihilists, because they never really knew what Eclectic therapeutics consisted of, and occupied their places because such were profitable from professional or political standpoints. The spirit of enthusiasm for our cause has been neutralized before our students, and we now look upon the results — a lukewarm constituency among the alumni of our decadent college.

It is a bad policy to admit allopathic graduates into an Eclectic faculty. Their teaching, even though they are liberally inclined, tends to weaken the faith of students in specific practice. Allopathic graduates are incapable of teaching it, and such precepts as they impart tend to confuse students who have never had any experience of their own. The results must be something like that which would follow upon the merging proposition carried out — in a college where allopaths, eclecticists and homeopaths would mingle in a faculty.

The merging proposition would be like the fable, in which a man, in driving his ass to market, tried to please everybody, pleased nobody, and lost his ass in the bargain.

I am sorry to see that the Eclectics of California are not broad-minded enough to realize that they owe something to the Eclectics outside of their own State. Eclectic medicine was not created here, but was founded upon what had already been established in Cincinnati, New York, Chicago, and other portions of the Union. They have no right to attempt to drag it in the dust because they are virtually beaten. The condition is not due to the fault of the principles, but to the bad management of the manipulators. Why should such presume to pull down the credit of the school at large by surrendering to a merger? If the move exerted any influence, which might be doubtful, that influence would be a bad precedent for our cause in other States, where judicious management and able teaching are making it successful. We have led in therapeutics for years, and there is no reason why we should not lead yet, if we will be industrious physicians, and not petty politicians merely.

California ought to support one Eclectic medical college, and support it well. The legislative committee of the State society made a fatal mistake without consulting with anybody except their own dear

selves. They listened to the song of the siren — the siren of sugared flattery — and joined issues with the great majority for a composite board with old-school rulings, and have thus surrendered the rights of the entire Eclectic fraternity in the State; consequently, any Eclectic college here must find it extremely difficult to prosper. But sobriety, economy, industry, professional ability and liberality of funds might yet succeed. And now let me make a proposition.

The recent disaster of earthquake and conflagration in San Francisco has swept away all vestiges of the old California Medical College. At least that is the present report, and from a recent map of the consumed district this is evidently the case. Then let it go at that; it will be a good excuse for abandoning a weary project. Let the efforts of all genuine Eclectics in the State now be directed toward the encouragement of a reputable college of our faith in Los Angeles. They possess the ability and the morality to do us credit. Their post-graduate school ought to be converted into a regularly organized college for teaching students Eclectic medicine. Let us join hands with them, and drop the idea of a merger. If we can not succeed, let us not stand in the way of others who are likely to, if encouraged.

The dean of the Los Angeles Eclectic Polyclinic is a host in himself, and he undoubtedly is associated with men of capability. Our Southern friends have shown that they are willing to contribute to the work, both in funds and labor. They are scholarly, and unapproachable in integrity. They evidently seek the glory of Eclecticism first, not personal benefit. Let us urge upon them that they assume a burden apparently too heavy for San Francisco.

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## THE IMAGINATION A FACTOR OF HEALTH AND DISEASE.

By Alexander Wilder, M. D., Newark, N. J.

"There is nothing existing in human thought," says Emanuel Swedenborg, "but has combined with it a natural and sensuous image." In fact, this creating of images is in the foreground of our mental faculties. It begins development with infancy. When the child begins to think, it imagines; it gives form and figure to thought. The school-boy whose imagination is liveliest is certain to be the pupil that is most proficient. It is the prolific imagination that characterizes the inventor, and enables him to contrive productions of ingenuity. Rhetoric, literature, science, philosophy, religion — all are endowed with form and enriched by its operations. Indeed, wherever there is not imagination, the whole region of thought and mental activity is a barren waste.

It should be borne in mind, however, that in every field of thought,

as with our bodies, there is a right and left side. We take our views accordingly from our particular point of observation; in other words, from the side that we are gazing upon. We may notice this peculiarity in all forms of partisanship. Few of us can perceive soundness in argument, or perhaps even in mental ability, in reasoning which does not directly favor our own notions and way of thinking. This shows itself every day in the rancor of politics. We observe it also in the domain of religious belief. For example, ancient paganism has been described as a blind worship of stocks and stones, accompanied by odious cruelty and sensuality; overlooking, in the meanwhile, the more notable fact that it was the principle of life itself which the intelligent votary contemplated, and that there was developed from it, not actually based upon it, that philosophy from which our later refinements of thought and conception have originated.

"The thinkers of all civilized nations are the posterity of Plato," says Ralph Waldo Emerson.

Imagination has appeared in all varieties of sentiment. Its merits are accordingly measured in various degrees. On one hand, we have the idealist; on the other, the visionary, the chaser after the "will o' the wisp." Both these are equally devotees of the imagination, and to be dealt with as such. The fact which may perhaps challenge our powers of belief is that the products of the imagination are truly real things, though not capable of being seen, felt, weighed or measured. When the architect plans a house, he produces an ideal form. If afterward that house is built, the question may arise whether the structure before our eyes or the plan in the mind of the architect is the actual reality. Certainly the building can be burned or torn down, thus ceasing to exist. But the plan of the structure, the idealism formed by the imagination, will continue, unaffected by any destroying agency.

We may accordingly without hesitation declare it to be the creative faculty. It will produce an object or figure that the individual can contemplate; it will reproduce a perceptible object in the mind or recall a state of mind which has been already experienced; it will take such material as is furnished by experience, observation, or direct apprehending, and model it into forms and images. It may not be disputed, however, that it also embodies unreal things, of a character perfectly visionary; that in many respects at least it pertains to the world of ghost and goblin, and to the region of vagary and hallucination; and that it is chiefly understood by the many as embracing everything which may be considered frivolous, deceptive, illusional, or, in short, wholly unreal.

It must be acknowledged that many of the things of this kind which are presented to our notice are subjective and personal, and not

objective in any general sense. In such cases the seers are very apt, like the Jewish prophets described in the Book of Jeremiah, to "see a vision of their own heart." The whole matter, however, is capable of being rationally explained. Our text-books on physiology explain that the senses are not simply in the special organs; that sight, smell and hearing are not cognized by the eyes, nose and ears by themselves alone, but by the common sensorium, a group of nerve-ganglia situated within the head, from which the nerves of sight and the other special senses extend and grow, as limbs and boughs from a tree. These little ganglia or tumors of nerve-tissue under the brain receive the impression that has been made on the nerve of special sense, and register it in the consciousness. Then the brain, or, to speak nearer the fact, the energy within the brain, takes up this impression and evolves an idea, or perhaps sets an action a-going. Thus, one impression is framed into a sound, another into a flavor or an odor, another into sight, and we seem to see the objects. Usually this is done on the instant, and we do not perceive otherwise than that each organ of sense was acting apart from the mind.

Such seeing or hearing is not all that there is of the transaction. The impressions which are made upon the registering ganglia of the sensorium are analogous to those upon the sensitive plate of the phonograph or photograph. They are fixed there permanently, and following out the analogy, often become manifest again to our consciousness, most times in remembrances, but frequently in dreams, and even in spectral appearances. Thus Sir Isaac Newton beheld the sun at midnight, and William Blake, by an effort of mind, placed the figures of his sitters in the very seat and posture which he desired, and then went on painting their pictures.

The mind may, by its own inherent energy, change the shapes of these objects and vary the spectacles in infinite series. These new productions, however, do not constitute anything of this character that is specially worthy of note. But another fact demands attention. Ideas and thoughts, which have in some occult way been framed in the mind, are also inscribed upon the registering ganglia somewhat after the manner of impressions from without, and so are produced to our perceptions as objects that we see in dreams. That they also appear sometimes as actual apparitions may also be understood.

This affords us a conception of the part which imagination takes in our bodily conditions. There are different ways by which to contemplate this matter. It is difficult, and even almost impossible, to describe a principle except by comparing it with something different. Nor is it possible to find a fact that is not modified by some defect. If we would describe perfect health, we do it by contrast with various imperfections.

It is a thing to be named and compared with the variations. We understand it as integrity, a condition in which every function, mentally and bodily, is perfectly correct and normal. Indeed, the term "health" means etymologically physical integrity, a state of being whole. But when we scrutinize the subject critically, we perceive that more is implied and required than simple soundness and normality of function. The interior man, the real man, must also be in corresponding conditions; there must be a sound mind in the sound body.

The theories of psychiatry are at fault, therefore, which project forward disorders of the body as causes of mental derangement. We may admit that when there is disturbance or alteration of the faculties of mind, there is also bodily disorder. When the brain has been injured by some violence, there is often suspension of consciousness or imperfect perceiving of facts. But this does not justify any hypothesis of impairment or destruction of the mind itself. Sensibility is thus interrupted in artificial anesthesia, but the mind, the ego behind the organism, is alive and is wide awake as ever, but in another region of activity. Certainly the memory and imagination seem to have their full swing.

The phenomena in these instances correspond to those of a broken instrument. The musical instrument does not itself utter musical notes, nor does it evolve the musician. Yet when it is injured there can be no music, not till it is repaired. All the same, the musician is the same in power and quality; his part in the matter is not impaired. The soul does not age with the body, Emerson remarks; and the musician does not wear out like his instrument. What is more, the instrument can be repaired and all go on as before. The analogy holds even better with the soul and mind. The poet Shakespeare taught sound physiology as well as philosophy when he wrote the lines:

"For of the soul the body form doth take;  
For soul is form and doth the body make."

We observe even in young children more than the formative energy, the inherent impulse and tendency to a specific individual development. The will, the ruling motive, the temper and passions — all make themselves manifest in the structure of the body, in its configurations, and so are impressed on the features; and a person who is expert in the study of physiognomy, gesture and bodily figure, can estimate very accurately the probable duration of life, and the power to resist and overcome disease. We have also very fair perceptions of character and disposition. We know the avaricious man by his peculiar contracted features; the person who conceives that the world, or rather its affairs, are his to manage; the individual who affects to be austere, the one that is kind and open-hearted, and so on through the category. The ideal-

izing faculty of the soul pervades the whole organism and brings these peculiarities to light.

After a similar manner the conditions of the body correspond to states and operations of the mind. Where there is health and cheerfulness, the thought itself is wholesome, and the idealism of soundness is put forth by the imagination. The mind in such cases is all right, manifesting itself incessantly in the sound body which it governs. Even when there is exception to this condition, when the body is disordered, the advantage is quickly perceived when the individual is normally cheerful, and more particularly if at the same time he is resolute in purpose and determined to recover from the malady. The necessity of developing and promoting such a state of mind can not be extolled too highly.

Plato has set forth this matter in his peculiar style of assigning the sentiment to some one else. He presents the subject as having been called to the attention of Socrates by a physician professing to be instructed by a divinity in the region beyond the river Danube.

"He stated as an utterance of that divinity," says Socrates, "that as it is not proper to attempt to cure the eyes except with the head, or the head except with the body, so you ought not to attempt to cure the body without regard to the soul. For everything, both that which is evil and that which is good, is set in motion from the soul to the entire man, and flows thence as from the head into the eyes. Hence it is necessary to treat that matter first, and especially if we are to have the head and the various parts of the body in good condition."

By this reasoning it is argued that so long as good and wholesome influences are transmitted from the mind and soul, they will disseminate health and integrity through the whole nature. The imagination, when it is influenced only by such conditions, will convey none other. What, therefore, it behooves us to guard against to the utmost of our power and possibility is the incurring of fatigue, or becoming exhausted, in any way, to a degree which may enable the creating or introducing of causes of disorder. The body is undergoing change in its constituent particles every moment of time, and is affected by every kind of influence. But the mind — and by the mind I mean here the soul in the higher department of its being — is not subject to such waste and wear. It is itself permanent, and maintains the integrity of the bodily organism. It continues to do this so long as no injury occurs to mar, and the requirements of nature are duly heeded and obeyed. So long as it exerts its influence normally and undisturbed, it preserves the health, keeping up vivacity of spirit and temper.

But it is as a factor in disease that the imagination seems more generally to be considered. There is a pernicious habit with individuals

of taking the darker view of things. It is as when in the transactions of business every one is looked upon as seeking to obtain unfair advantage. Men often regard one another as selfish and dishonest, and with little superior aspiration; as physicians contemplate every individual as in some way distempered, or liable to become so. Such fancies, when widely disseminated, are liable to demoralize a community. Indeed, in epidemic visitations, the principal cause of their apparent prevalence and severity is the excitement produced by a "scare." This has been observed when the Asiatic cholera raged; but other types of disease have been made epidemic and fatal by these disorders of imagination. The chief injury done by nostrums and proprietary medicines is due to the advertisements rather than to their ingredients. Individuals reading descriptions of disorders and their symptoms are often affected by such symptoms through the morbid fancies which have thereby been induced. Every excitement which disturbs mental equipoise and self-control is liable to develop in sensitive individuals the phantasies of disordered imagination.

[To be Continued]

## THE PATHOLOGY OF SPECIFIC MEDICATION.

By Wm. P. Best, M. D., Indianapolis, Ind.

[Concluded from page 277.]

The same positive effects from remedies will follow if an excess of alkalinity exists, provided we are sufficiently astute to recognize the demand for proper and specific drug application. We can do no good by pouring medicine into a stomach, or system, where nearly every function is inoperative, or deficient from an excess of alkali in the body.

Any toxic material or germs which may be developed more rapidly in an alkaline medium will not be much disturbed by any medicine we may safely administer, as long as the environment is favorable to the growth of pathological germs, or the production of toxalbumins, or the decomposition of material arising from catabolic processes.

The special, or specific, pathology underlying these phenomena are met by specific treatment, and the results are specific if the powers of the patient are sufficient to react, and restore functional activity.

The following phenomena indicate the above pathology: The tongue and mucous membranes are abnormally red, clean; or tongue is coated brown, or dirty; if very atonic, the tongue may be broad and slick, or it may be dry, with a tendency to crack or check and bleed. If the disease be acute and recent, the tongue may be normal in size and shape; if there is gastric or enteric irritation, the tongue will be pointed and sharp, and if nervousness is attended with a sharp, quick pulse, there will be prominent papilla on the point of the tongue.



We will not always select the same acid. The varying phenomena will direct up to the proper one. An acid laxative will remove any foul accumulations. An acid dysenteric condition will yield to the old white physic. The administration of an acidulated drink is not only gratifying to the patient, but is a part of good treatment when indicated. It overcomes the alkaline condition, acts as an antiseptic, and renders the action of other medicine more effective. In this case the acid restores the balance necessary to functional activity; it aids in overcoming the conditions which invite or permit continued pathological manifestations, and makes all the difference between proper and improper treatment.

It is important to know what acid to select. We do not feel that it is of much assistance to tell the reader that in "well selected cases" a certain acid has given relief. We are interested in knowing when to use a certain one and not another. Muriatic acid is indicated when the tongue and mucous membranes are deep, or dark red; tongue clean, or brown coated; moist early, but later dry, perhaps checked or cracked, with a tendency to bleed.

The acid may be administered after feeding, or as acidulated water allowed *ad libitum*.

When the mucous membranes are red, with a tint of or bordering on a violet hue, we will give a very dilute solution of nitric acid. R. Ac. Nit. gtt. v to xv, aqua or Syr. Sim. oz. iv; M. Sig.; one teaspoonful every two hours.

If the mucous membranes are red, sloughy looking, like spoiled beef, contents of the stomach putrefying, give Specific Sulphurous acid, one part, water nine parts. M. Sig., one teaspoonful every three or four hours.

It not unfrequently occurs that there is a red tongue with no well-defined specific indication for any particular acid. It is well to not allow the want to be overlooked, for an acidulated drink will not only prove gratifying to the patient, but will add much to the good effect of the treatment. At times we see patients who "crave something sour," a pickle or some other acid food, or a drink of sour cider. This should teach us to heed the requirements of the system.

It will appear, from the foregoing statements, that, not only in the past, has our treatment been based upon a carefully analyzed and specifically understood pathology, but that our endeavor is not to allow ourselves to become satisfied short of the best that the present state of knowledge will allow.

The above mentioned remedies are but a few, and we will endeavor to adduce more, at the same time showing, as above, that pathological conditions govern the choice of remedies, for to prescribe in a specific

manner implies the fullest possible knowledge of the wrongs existing.

It would do little good to administer remedies that will kill germs if we must at the same time risk the life of the patient. Or, to put it in another way, what have we accomplished with remedies that will destroy germs, or render the body untenable by them, if we do not meet the demands of the depleted and overthrown powers for aid in removing the debris which remains to burden the excretory powers?

We must recognize all the wants of the system. After doing one thing, take up the next important, and study the requirements so as to meet them in a specific manner, not allowing our zeal a one-sided development, and all our efforts likewise directed to one phase of the disease. The scope of inquiry must cover all the points, and the leading or most important have first attention. If, then, any other pathology remains to embarrass the functions of life, it must be well understood, and met in a specific manner.

If it be that a germ plays the role of chief cause, we will meet the specific demands of the system at the time, aiding the efforts of nature, and, if needful, look for and meet specifically, if possible, any phenomena evidencing further infection, or complicating pathological conditions.

A knowledge of many remedies is necessary to meet the varying phenomena of the same disease in different individuals, for the symptom complex is not always the same in different people afflicted with the same disease.

As we study and inform ourselves of the meaning of the pathological language of disease, it is required of us that we have a ready and thorough understanding of the ways and means to apply, specifically, for the relief of our patient.

Our many specific medicines indicate, in a manner, the effort made to meet these requirements, and we must be able to read both sides of the equation with equal facility, associating disease phenomena with the agent which experience and trial have proven most effective.

We, therefore, must have this knowledge constantly in our minds, ready for any emergency, that its immediate application may at once give relief; and it must be recorded in convenient form for others that we may not be kept under the necessity of relearning it every generation, but that our compiled knowledge may remain as a foundation, a starting point, a monument to our energy and efforts, a guide to coming practitioners and a blessing to mankind.

We have alluded to antiseptic agents in speaking of acids and alkalis. Let us take them as a class, and endeavor to study them in the light of modern research.

Eclectics have a pharmacy that is decidedly their own. "The American Practice of Medicine" has been, from the very nature of things, compelled to be original. The existing medicines and their poor quality left our predecessors in reform medicine nothing to choose from. Therefore, instead of being choosers, we have an origin resting on original research and development. The name came after our originators began to display their characteristic independence and originality. Dr. Alexander Wilder says: "These men elaborated a new pharmacy and a new therapeutic doctrine, and established a new school of medicine, now denominated Eclectic."

In the development of antiseptics we have the same care in the attempt to fit an exact remedy to an exact pathology, as we have seen used in the development of our other remedies.

The invasion of the system by any septic material, no matter what its origin, is not a signal for filling up the body with some powerful germicide, or antiseptic, which will destroy germs, or both germs and patient.

The administration of antiseptics, or remedies unfavorable to germ life, has, in a popular way, with the dominant school of medicine proven a failure.

Pathology, specific, in each case, governs the choice of a remedy exactly as in the study of any other condition.

Baptisia.—This remedy has long held a place in the confidence of many Eclectics as a reliable antiseptic. The invasion of the system by any disease of septic origin, or leading to the development of a septic condition, attended with a purple discoloration of the skin, tongue or mucous membranes, suggests to us the use of baptisia as an agent which will aid in clearing the blood and system of the material, which is in a state of change favoring destruction of life.

This remedy is a mild agent, and will not correct a putrefactive process that has developed, but it exercises a curative, corrective and antiseptic influence when given as above directed. Better renewal of tissues, and better resistance to the inroads of disease result, and the patient is not burdened with both a depressing disease and medicine.

Echinacea.—If there is any agent that deserves the name "antiseptic," and which may be given without fear of doing more harm than good, it is Echinacea. This drug is alike useful externally and internally. It will not fail to do good in the toxemia of typhoid fever, or that of traumatic infection.

The antitoxic and antiseptic action of echinacea have been proven over and again, many times, in the treatment of diphtheria, and is second to no agent for combating the toxins of this dread disease.

In the streptococcic infection of puerperal septicaemia it will do all any agent can do, and seldom fails to overcome the toxic condition, reduce the temperature, and effect a cure.

For several years it has been my chief source of reliance in erysipelas. Where the streptococcic infection is attended with a dark skin, dark-red mucous membranes, echinacea will correct the whole train of symptoms, leading us to the opinion that it renders the system and the liquids such assistance as to make them unfavorable to the germ, and antagonizes the toxic products, encouraging their elimination and the restoration of health.

No antitoxine has yet been discovered that is as universal in its application, or as certain in its effect as echinacea has proven itself to be. When not beyond remedial aid, echinacea will counteract the toxic invasion of any part of the body.

In surgery we have proven its great value in the correction of septic invasion following both major and minor operations.

Streptococcic or gonorrhœal infection following abortions produce a variety of phenomena, which are met by echinacea. In truth every case of this nature presents many opportunities for infection, and we will many times prevent much trouble by administering echinacea as preventative.

If there be a mixed infection, anaerobic bacilli having gained access to the parts, producing foul-smelling necrotic tissue, a curettage, followed by douches of R. Pot. Chlorate drachms i to ii, to Aqua O. i, or R. Alphozone fir. v to x, sterile water oz. xvi, will be a part of specific treatment.

Pure streptococcic infection produces no odor or foul necrotic tissue, but, as pointed out many years ago by Dr. Scudder, we may have indications for any one of several remedies when the same primary cause is at the base of the illness. The varying phenomena require different treatment, and a careful and specific understanding of these various symptoms will lead to the use of different agents in a like specific manner, and with results not to be obtained by any other means.

The phenomena may call for acids, alkalies, echinacea, baptisia, jaborandi, etc.

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### LLOYD'S FOREIGN LETTER, No. 3.—THE SUEZ QUARANTINE.

APRIL 9, 1906.

When a man travels in the tropics, he meets conditions that sometimes abort all his calculations. One of these has much disturbed my plans.

Having gone down to the lower point of Arabia, to the port of Aden, I made a satisfactory study of the drug products, and of coffee. Then I proposed to return by the English steamer *Persia* to Port Said. But when I reached the steamer where she cast anchor (about half a mile out in the harbor), I was delayed at the ladder, and held for about an hour. The officials seemed to question my entrance. At last I was admitted, and soon was sailing up the Red Sea. It is about two thousand miles from Aden to Port Said. Nothing transpired, so far as I knew, until we reached Suez, which lies at the southern entrance to the Suez Canal. Here the ship was arrested by the quarantine officials, and we were soon aware that we were quarantine prisoners. It seems that the ship was infected with *bubonic plague*. One man had died and was thrown overboard, a fact that I had not learned. Three men were down with the plague. These three men were taken off at Suez, and the ship fumigated. The quarters of the afflicted were thoroughly renovated, and all the garments of the crew superheated in steam. Then we were informed that no passengers would be permitted to land at Port Said. We must stick to the ship bound for London. This disturbed me very much, because, aside from the dislike of a plague-infected ship, my family in Syria would be much alarmed. Finally, on consultation, it was decided that we might land at *Suez*, and go into the quarantine station, remaining there until all fear of the plague had passed. At midnight we were loaded (with our luggage) onto a flatboat and towed five miles up the Suez Canal to the quarantine station in the desert, where we are now guarded as closely as any prisoners ever were watched. I haven't any fear of the *plague* breaking out—I am sure ~~we~~ can't break out. But here we are, and here we will stay until the officials decide we can go free.

Our party consists of Mr. William Jennings Bryan and family, two other Americans, three Englishmen, and myself. We are doing the best we can, writing, reading, sleeping. The fare is good, the food well cooked, our jailers courteous. But I will be glad when it is over. This bubonic plague is a fearful thing. It attacks a man one day—the next he is dead. It is said that 95 per cent. of the natives attacked in India die. There seems to be no successful treatment. The quarantine physician informs me that their chief reliance is *good food*, good care, and quinine. The attack comes on with a high fever, soon bubonic ulcers form, the man dies. It is a case in which death races quickly and joyfully. It has been decided that *rats* spread the plague more than other influences. Hence there is a systematic war in Bombay (and elsewhere in India) on rats. It is a war of extermination, if possible.

No rational man can criticise these quarantine regulations. Should

this fearful disease get a foothold in Europe, its ravages might shadow De Foe's description of the plague in London. What would become of Naples, reeking in dirt and filth? Said William Tell in reply to Gessler: "We fear no more the avalanche." Naples would probably reply: "We fear no more Vesuvius."

But enough. If this letter is mailed, it will be *after* I am out of the quarantine station, and that will be after there is no danger that I will get the bubonic plague.

JOHN URI LLOYD.

### MYRICA CERIFERA.

By J. A. Burnett, M. D., Cecil, Ark.

All physicians have favorite remedies, which they use with great confidence, as they have proved to be reliable in actual practice. *Myrica cerifera* is one of my favorite remedies; I can prescribe it with great confidence when indicated, as I know it will do the work. *Myrica* has a much wider range of usefulness than most physicians suppose. It is a remedy that must be used to fully understand and to be fully appreciated. When a physician once gets in the habit of using it, he is almost sure to always use it. *Myrica* is used extensively by physio-medical physicians. It was through Thomson's writings, who was the founder of the physio-medical system of medicine, that I got to using it. Eclectics, regulars, and homeopaths, do not use this remedy very much, and it is entirely unknown to many physicians.

The common name of *myrica cerifera* is bayberry. It is said to grow in almost every kind of soil from Canada to Georgia. It grows from two to four feet high, and has berries which contain an abundance of wax. The bark of the roots is the part used in medicine, and it is said they should be dug in the spring, as the sap comes in them, or in the fall, just before it leaves them. The bark can be peeled off and dried, and is then ready for use. It is not a good plan to give the powdered bark internally, as often the stomach will not well tolerate it. An infusion can be used, which, according to my experience, is well tolerated by the stomach, if it is in a condition to tolerate anything. The tincture, fluid extract, or Lloyd's specific medicine, can be used. I prefer the infusion, or Lloyd's specific *myrica*, to all other preparations of it.

I do not know of any vegetable astringent that very closely resembles *myrica* in its action. It is stated that a combination of *myrica* and *geranium* will, when given together, assist the action of each other, and that this compound will eradicate mercury and other minerals from the system and relieve the bad effect produced by them. In general prac-

tice I find that capsicum, zingiber, and asclepias, to be the remedies I most often combine with it. To a certain extent, the action of nitro-hydrochloric acid resembles the action of myrica on the liver, more so than any of the vegetable astringents. Myrica is the only vegetable remedy that I know of that acts favorably on the liver, and is not a laxative. Myrica is a useful liver remedy, and will clean a coated tongue after mercurial purgatives have been used and failed. In such cases there will be a desire for acids and general weakness.

Myrica acts on the sympathetic nervous system, and will sustain the vital powers when they are at low ebb in any condition. It will tide a patient over critical conditions when life seems almost hopeless. In these conditions I usually combine it with capsicum or zingiber, and sometimes asclepias.

I should like to know if myrica has been used hypodermically, and gives the same results as when given by mouth or rectum.

Myrica, when given in combination with capsicum, is of value in most all cases of shock and in uterine hemorrhages where stimulation is needed. When combined with caulophyllum, it makes a valuable preparation in confinement cases, and will stimulate true labor pains, or relieve false pains, if not true labor. It will also prevent threatened miscarriage if not too far advanced.

Prolapsus uteri, some forms of leucorrhea, and various other diseases of women, can often be relieved by a combination of myrica and specific helonias.

Simple fevers, where the liver is torpid and general debility exists, can be relieved with a combination of myrica, leptandra and asclepias. This compound is also of value in grippe, but its action is increased if combined with a good preparation of sodium salicylates, and this would make the best substitute for Dr. Cooper's G. B. Comp. (Gelsemium and Bryonia) that I know of. In cases of fever which resemble mild cases of malaria the above will do all that the G. B. will do. The leptandra will stimulate the glandular system, and this is always essential in this locality. It also acts mildly as an anti-periodic. Asclepias will stimulate the skin and act as a febrifuge, as well as to assist the action of the other remedies. The sodium salicylate will relieve the pain and act mildly as an anti-periodic and febrifuge. The best substitute in this prescription for the sodium salicylate is specific cyripedium.

In conditions which old writers termed "cankered" myrica is of great value. It should be used in such conditions internally and as a mouth wash, as there is always a cankerous or metallic taste in the mouth. It will appear to the patient that there is not enough saliva being secreted, and this is the fact.

In thrush and sore mouth the local and internal use of myrica is of much value, but its action is increased in these conditions if combined with hydrastis. This compound is also of value in diphtheria and sore throat.

I used myrica with zingiber in one case of typhoid fever, occasionally giving a mild hepatic stimulant, with good results. The fever did not rise after the remedy was begun, and very shortly declined each day, and the case run a mild course. It was a debilitated patient which had to be sustained. I am of the opinion that myrica in combination with other remedies will prove to be of great value in typhoid fever.

Dr. I. J. Eales, in the August, 1905, *Physio-Medical Record*, classes myrica cerifera as an involuntary muscle vaso-stimulant. He has the following to say further along in his article:

"Vaso-dilation is manifested by undue relaxation of the voluntary muscular coats of the blood vessels and of involuntary muscular tissues of organs and systems, causing congestion and stasis of vascular and capillary blood flow, one or both resulting from the primary tissue states of deficient innervating action in the ganglionic neurons, *i. e.*:

"General vascular congestion, 'congestive chill,' shock, etc. In this condition the indicated remedies are vaso-compressors. Pure types of general vaso-compressors are myrica cerifera and zingiber officinalis."

Some cases of polypus in the nose have been removed by equal parts of myrica and sanguinaria used locally. In dysentery and diarrhea, myrica can be injected into the rectum, with very good results in some cases. When injected into the rectum it may, after being used a while, leave the parts tender, which should be followed with injections of *ulmus fulva* or similar remedies.

Dr. D. P. Borden has the following to say in the October, 1904, *Chicago Medical Times*, which throws some light on myrica in the treatment of dysentery:

"The proximate or immediate cause of dysentery being an acid, the primary object in treating it should be, if possible, to neutralize that acid, for the disease remains unchecked without the removal of the cause. Except this condition of success is strictly complied with, all medical skill will be baffled and the hopes of the practitioner blasted. For this purpose a remedy of an anti-acid character is required, and should be used. There is no compound more effective upon the bowels than the following:

"℞.—*Leptandra* or blackroot pulv., grs. iij.; myrica cort. or bayberry bark, pulv., soda bicarbonate, āā grs. ij. M.

"It is to be administered in one dose and repeated every two hours, or till relief is obtained."



A combination of myrica, asclepias and zingiber is of much value in breaking up colds, either acute or chronic, and those that occur either in the winter or summer months. It is said that myrica is of value in scurvy, especially when used with lemon juice.

In the December, 1905, *Physio-Medical Record*, Dr. Charles A. Stafford says: "Bayberry is one of the best agents in the materia medica to sustain the muscular structure of the heart and vascular system."

In croup, myrica with lobelia is of value. They can be given in emetic doses at first, and then myrica, capsicum and cinnamon, given to sustain the patient.

Myrica, one part, hydrastis and prunus, each two parts, makes an excellent catarrh remedy for local use. Myrica is used locally and internally in catarrh when of long standing, with tenacious, irritating and offensive discharges.

In leucorrhea, as well as excessive menstruation, it is generally combined with trillium.

When giving purgatives, if there is much mucus, or at other times when there is much mucus coming from the bowels, myrica should be used in addition to the other treatment being given.

A physician recently wrote me that her favorite liver remedy was a combination of leptandra, iris, gamboge and aloes, and that she always alternated myrica with this when there was much mucus passing.

In jaundice, when there is imperfect formation of bile in the liver, myrica will give good results. Boericke and Anshutz's *Elements of Homeopathy* recommends myrica cerifera 3 in jaundice and liver ills of infants.

Dewey, in his *Homeopathic Materia Medica*, has the following to say about myrica cerifera: "It causes a suspension of biliary secretion, resulting in jaundice; there are clay-colored stools, and soreness in the region of the liver. Other symptoms are drowsiness, with dull frontal headache, worse in the morning; yellowishness of the eyes, scanty urine, tongue dirty, yellow; great muscular soreness and aching in the limbs."

Another homeopath says: "Myrica is an important liver remedy. There is first despondency and also jaundice, due to imperfect formation of bile in the liver, and not to any obstruction, comparing here with digitalis. There is dull headache, worse in the morning; the eyes have a dingy, dirty, yellowish hue, and the tongue is coated yellow. The patient is weak, and complains of muscular soreness and aching in the limbs, slow pulse, urine dark. The jaundice for which myrica is indicated is catarrhal in origin, and it is in this condition that the agent has won its greatest laurels. There is a dull pain in the right side below the ribs, no appetite, desire for acids, unrefreshing sleep. It is altogether a wonderful liver remedy."

I have tried myrica in one bad case of catarrhal jaundice, and it gave unusually good results. It soon cleared the skin and eyes of the yellow color. I used it with asclepias in this case, but did not give enough asclepias to act as a diaphoretic.

A sterilized infusion of myrica is of value to cleanse old sores and wounds. This should be followed with proper dressing.

Myrica possesses some anti-spasmodic power, as it acts on both nervous systems. It can be used with lobelia in puerperal convulsions, and with dioscorea for after pains, also with motherwort for suppressed lochia and menstruation, caused by taking cold. It prevents a return of such conditions when used with these remedies by sustaining the system. Myrica, when given with or just after diaphoretics, will prevent a patient from taking fresh cold, which they are likely to do when exposed a little after taking such remedies. The circulation in the surfaces and extremities is made perfect by the use of myrica. Its action in this respect is enhanced by the addition of capsicum and hydrastis.

A combination of myrica and cactus makes a valuable heart tonic in many conditions. In cases where the blood is bad, poor digestion and nutrition, myrica will give good results.

Scudder, in his *Doses of Eclectic Remedies*, has the following to say: "Myrica.—Increased secretion from mucous membranes, they being full and relaxed; full, oppressed pulse; imperfect circulation to the surface and extremities."

Fyfe says: "Indications and Uses.—Increased secretion from mucous membranes, they being full and relaxed; imperfect circulation in the surfaces and extremities; catarrhal affections of long standing, characterized by a tenacious discharge, which is often offensive and irritating.

"This remedy aids the processes of digestion and blood making. Myrica is stimulant, astringent, diuretic, alterative and anti-spasmodic.

"Dose.—Specific Myrica, five to thirty drops. Usual Dose.—Specific Myrica, two to twenty drops."

Dr. R. J. C. Hamilton says: "Myrica Cerifera.—Astringent and stimulant, leaving a permanent tonic impression on the mucous surfaces and circulatory organs."

In cases of measles, after the eruptions have appeared and violent symptoms appear unabated, a combination of myrica and capsicum will be of value.

Myrica has been used alone and in combination with various other remedies in many other conditions, such as ptyalism from any cause, malignant sore throat, usually combined with hydrastis and borax.

Dr. Hasty, in the July, 1905, *Physio-Medical Recorder*, recommends

it in combination with coto and capsicum in diarrhea of typhoid fever, and as a remedy for combating relapse in typhoid fever.

It is claimed by some physicians that tannic acid will take the place of all vegetable astringents, but no physician but a narrow-minded, shallow observer would make such claims, and I think most Eclectic and Physio-medical physicians will agree with me in such opinion. Myrica is essential to Physio-medical practice, almost as much so as lobelia and capsicum. It is a Physio-medical polychrest, and a useful one. I have used myrica ever since I began practice, and could hardly get along without it. I call it the vegetable potassium. It is my opinion that it would prove to be of value in most all contagious diseases, and may act as a preventive.

If it can be used hypodermically, it would no doubt prove to be of value when injected into hemorrhoids, corns, polypus, and various other growths.

Dr. J. H. Greer says: "Bayberry should not be used in dry, irritable conditions."

I give myrica in small doses. I find the Eclectic rule of giving small doses holds good when using this remedy. The average dose that I use is about two or three grains by infusion, or two or three drops of specific myrica. This can be repeated often, same as other remedies, as it is a non- tonic agent.

Myrica deserves more study in future by all systems of medicine, as it is an extremely valuable remedy.

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### Seton Hospital Reports.

PROF. L. E. RUSSELL, SURGEON.

CASE 102.—Miss M., age thirty, referred by Dr. J. J. Martin, of Bucyrus, O., on account of a tumor mass extending from the pelvis up into the umbilical region, with a history of gradual enlargement for the last five years.

The patient was much emaciated, with a history of nervous excitation, and the peculiar phenomenon incident to pelvic impaction.

An incision, three inches long, from an inch below the umbilicus toward the pubes, extending into the abdominal cavity, revealed a tumor mass quite firmly fixed in the pelvis.

The tenacula, double-toothed corkscrew was twisted into the tumor and lifted upward, and, by the aid of the assistants, the abdominal walls were pulled outward, allowing the tumor to rest firmly in the incision.

The trocar was made to penetrate the tumor wall, and about two

quarts of thick, yellowish, fatty substance came, allowing the tumor to collapse sufficiently to draw in extra-abdominal.

The pedicle attached to the left uterine cornea, with adhesions to the posterior wall of the uterus, was advanced into the abdominal incision, and after liberating the tumor wall of this uterus, the pedicle was transfixed in heavy silk, ligated tightly down to the uterine cornea, excised, cauterized with carbolic acid, rewashed with alcohol, dusted with iodoform powder, the ligature severed, with pedicle dropped back into the pelvis.

The wound was closed after the manner of suturing each kind of tissue separately, with two or three stay sutures to remain in position for three or four days, when they are severed and removed. The patient made a very satisfactory recovery following the Laparotomy.

The specimen removed, on further examination, showed a dermoid tumor with long disheveled hair from two to ten inches in length, and of light blonde color, with fully developed teeth in that portion of the tumor designated as the inferior maxillary, and also one extra tooth upon the forehead.

On examination of the fluid that had been withdrawn through the trocar, it had hardened on its removal and thickened to the consistency of hard tallow.

This, then, was one of those strange freaks of Nature, probably having its original seed sown and developed with the growth of the baby to childhood and womanhood, designated as an ovarian dermoid tumor.

CASE 103.—Mrs. S., referred to the clinic by Dr. J. L. Worley, of Washington C. H., O., on account of recurring appendicitis. The patient, age thirty-five, tall, and of the decided blonde type, mother of two children, had suffered several attacks of recurring appendicitis, with much pain deep down in the pelvis, in the right ovarian region.

She was examined at Columbus, at the time of our State Meeting, and advised to submit to an operation, to which she readily consented on account of the severe pain that she experienced in the right iliac region.

The operation was performed the latter part of May. The incision median, on account of the fact of pelvic lesions, which might require additional care — and it was well that the incision was made median, because the appendix had adhesions in the right ovarian tube, necessitating extirpation of appendix, ovary and tube, before the operation was completed, and the breaking of intestinal adhesions, which had formed in the pelvis on account of septic exudate from the appendages.

It is safe to say that we separated at least ten feet of intestine,

with gauze moistened with salt solution, wiping coil from coil, and cleaning away the exudate, packing around intestines with other normal saline gauze, until all of the adhesions were freely removed from the pelvis, upward into the abdominal cavity.

Drainage was made through Douglas' cul-de-sac, packing a yard of iodoform gauze against the pelvic traumatic surface, and this gauze removed within forty-eight hours.

The patient has made an uninterrupted recovery, and will be able to leave the hospital by the 10th of June.

CASE 104.—Miss J., referred to the clinic by Dr. G. S. Couch, of Friendsville, Ill., on account of intense soreness in the pelvis, and an intractable cystitis, from which the patient had suffered intensely for the past two years. A Laparotomy was decided upon, and on examination a severe salpingitis, with adhesions of the fimbriated extremity of each Fallopian tube, with occlusion of the *ostium abdominale*, was the condition that explained the pelvic lesion.

A double Oophorectomy was executed; the adhesions of the posterior uterine wall to the bowel were broken up, and some other adhesions that were due to a low grade of peritonitis, probably caused from exudates and hemorrhage at the time of evolution.

The inflammatory condition of the appendages had extended to the nerve trunks and produced a neuritis that would eventually have brought about distortion of the limbs, as the patient had already complained of severe pain in the limbs, and an inability to properly extend them without severe pain, referable to the pelvis.

I wish to say at this time and place that I have seen quite a number of invalids, badly crippled, from inflammatory conditions of pelvic origin; cases that had been treated with much vigor for rheumatism, sciatica and tuberculosis. I am of the opinion, that if these cases of long standing were more carefully examined as to pelvic lesions, septic in nature, that there would be fewer cases of rheumatism, and many more cases of recovery to report.

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The examination for tubercle bacilli in the urine by the ordinary method of staining is not decisive by any means, even if the bladder has been catheterized and differential stains for smegma bacilli have been employed. Numerous examinations with the aid of these procedures must be made, and even then the diagnosis is only a presumptive one. The only sure test is by injecting a large quantity of the sediment into a guinea-pig.

**Monthly Retrospect**  
—OF—  
**ECLECTIC MATERIA MEDICA AND THERAPEUTICS.**

BY HARVEY WICKES FELTER, M. D.

**SANTONIN AND BORIC ACID IN DIABETES MELLITUS.**—The means of relief for saccharine diabetes are so limited that any remedy that even promises relief should be welcomed. Sejournet, of Bourges, France, who has been systematically studying the action of santonin in such cases, comes to the conclusion that the agent gives uniformly good results in reducing the quantity of sugar. The dietetic treatment being also observed, he approaches specific indications in announcing that it is especially of value in congestive cases, with somewhat reduced amount of urine in which the proportion of urea is very small, and there is hepatic insufficiency. It is also indicated in those cases in which the breath gives off acetone. For a long time the value of santonin in urinary disorders has been recognized in Eclectic medicine. Probably the very best remedy for retention of urine in the new-born is santonin, as taught by Scudder twenty-five years ago. Ellingwood has contributed some valuable observations on santonin which may be found in his "Materia Medica." The drug opens up possibilities that seem to have been overlooked in its earlier history, and none will be more welcomed than its good effects in diabetes if proven to be true. Another agent has been reported recently in the *Chicago Medical Times* by Dr. T. W. Kennedy, of Sullivan, Ind. He employs boric—a number 2 capsule full—every four hours until both the quantity of water and sugar is lessened; then three or four doses a day until the patient is well. In a nine-years' experience he claims uncommon results from it. He has used it continuously for two months without detrimental results. Dr. Kennedy also claims that it acts specifically in irritation of the bladder or urethra, and in women who are troubled with frequent burning urination; and for five years he has employed no other internal agent in gonorrhœa, using the number 2 capsule full as a dose every two, three or four hours.

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**CACTUS IN DISEASES OF THE HEART.**—If anything should increase the respect for Eclecticism by the medical fraternity at large, it should be the fact of the constantly recurring indorsements, based upon careful investigations, of the therapeutic results long ago established by the former. Credit, however, is not always given for the work that has been done, but we may be well satisfied, we presume, that we have prior records of drugs which we, years ago, found therapeutically active

while the investigators are just now arriving at definite conclusions. Eclectics generally were reaping rich therapeutic harvests with apocynum before even the few in the other branches of the profession were beginning to use it. Every now and then we hear of new virtues ascribed to it, when such properties were known and utilized by us for many years. "Apocynum is not generally known as a remedy," wrote one eminent writer, a true statement so far as his branch of the profession was concerned. Eclectics had already become veterans in its use, and it had become a sheet anchor in their practice. So with cactus. From far-off and unhappy Russia, where, no doubt, there are and will be many functional heart diseases, comes the indorsement of Dr. G. B. Alexieff (Dissertation, St. Petersburg) who tested cactus on twenty patients, presenting a large variety of cardiac lesions. Increased blood pressure in the central as well as the peripheral vessels was observed, the circulation became improved, renal action more free, and it was entirely exempt from unfavorable by-effects. No cumulative action could be detected, and it was suggested as a desirable substitute for digitalis and Adonis vernalis.

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LYCOPUS VIRGINICUS.—In the discussion of a paper on this drug by Dr. Charles Noack before the Specific Medication Club of New York City, Dr. Boskowitz (*The Eclectic Review*) enlarged upon the usefulness of the agent as follows: "He often combines it with collinsonia for coughs; has found it beneficial in polyuria, and has been pleased with the drug combined with helonias in chronic parenchymatous nephritis; under its administration the albumen lessens in amount and the other symptoms are ameliorated. He has not used the remedy extensively in heart disease; believes it useful in bleeding hemorrhoids." Dr. Krausi found it useful in asthenic diseases, especially diabetes mellitus; Dr. Birkenhauer, in post-scarlatinal nephritis; and Dr. Brandenburg in influenza tending to become chronic and in coughs of long standing.

We do not believe that many physicians properly appreciate the value of this simple remedy. To be sure it belongs to the lesser class of drugs, and is not often called for in acute cases. However, when indicated, it is of very great service, and we recall no medicine that will exactly fill its place. In so-called chronic diseases it finds its best opportunities. It is too seldom thought of when we are prescribing for circulatory disturbances. Digitalis, strophanthus, cactus, convallaria, caffeine, strychnine and cratægus are looked upon as essentially the circulatory remedies. In your studies include also lycopus. Lycopus is an old and valued remedy with the writer. Nothing equals it

in hemorrhages from the lungs when the bleeding is small in amount and frequently recurring. In such cases the cardinal indication is usually present — *tumultuous action of the heart*. There is not merely rapid action, but there is an irregularity as if the heart were floundering about, and the pulse shows great irritability. The patient is more or less excited, and there may be slight fever. Such cases should be put upon specific lycopus in ten-drop doses every three hours, and kept upon it for months. Its effect upon the stomach is good, and the general nutrition of the patient improves upon its use.

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CONIUM.—The June issue of the *Eclectic Medical Journal* contained a thoughtful article on conium, written by Dr. Herbert T. Webster. A noticeable fact is forcibly brought out in that paper, though not stated in so many words, and one that is eminently true of the vast majority of drugs that give the best therapeutic results. We refer to the oft-presented fallacy, especially contended for by those who have commercial interests at stake, that the physiological action of drugs should be made the basis for their administration. Many successful therapeutists never regard the physiological action of a drug, except in a few instances, as a basis for prescribing, and they have invariably noted that such prescribing is opposed to good therapy. The profound impression is not that which is usually curative. It is the silent changing of a diseased course toward the normal that cures most speedily and with the least to regret from the by-effects or after-effects of drugs. Opium produces profound narcosis, yet is it not a fact that physicians scout all around opium in search of other hypnotics rather than to invite the arrest of secretions that invariably follows the administration of opium and its salts? True, the desire may be to produce sleep in the sick patient, and opium will accomplish that result. But if it produces other deleterious effects, has it exerted “the best therapeutic action”? Again, even when so employed, does it not often mislead one from seeing the true condition of the patient, particularly in masking pain and tenderness so that the necessity for remedies really indicated is not recognized? Neither is the patient's condition made any better by the enforced sleep. What we most need is a recognition of the fact that there is a *therapeutic action* of drugs, and that that action seldom accords with the physiological action so-called. It can only be learned by the best therapeutic results. When once learned the same conditions are likely to be met by the same drugs in like doses. Thus far specific medication offers the best form of medication, and is based on the therapeutic action of drugs. That those who base their practice of prescribing according to physiological action alone



become therapeutic nihilists is not at all surprising. Can the physiologic action of ipecac be made the basis for prescribing that drug as an anti-emetic or even to allay gastro-intestinal irritation? Physiological action more nearly approaches mild toxic action; therapeutic action is corrective, silent, and does not produce profound disturbances of the parts or functions of the body. Can the value of the therapeutic effects of echinacea be explained upon the basis of physiological action? We question if the results of veratrum, in larger doses, as are necessary for the control of puerperal convulsions, can be said to accord with its physiological effects. To be sure it depresses and slows the pulse, but it does not also necessarily require the drastic purgation and vomiting that may be expected of its physiological action. Conium, as Professor Webster has pointed out, paralyzes the motor and sensory nerves, and thus abolishes muscular control. Harley and others have reasoned thus that it would be useful as an antispasmodic. How many so use it, and when so used, what are the effects? What rank has it earned in the treatment of chorea, whooping cough, asthma, tetanus, and eclampsia? Its kindly therapy must be looked for upon other lines—that of its effects when administered in small—not physiologic—doses, in which it probably acts as a stimulant to the nerve centers. No truer lines were ever penned than those of Professor Webster, wherein he writes: "Some drugs which manifest virulent specific toxic action are feeble therapeutic agents; while others, which are entirely free from toxic power, prove remarkably potent as a curative influence. This is strange and unaccountable, but we nevertheless know that in certain instances it is a fact." We would not belittle the value of the study of the physiological action of drugs in order to know the tissues and functions acted upon, as well as to understand toxicology, but we do not believe it a safe guide to prescribing in order to get good therapeutic results.

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CHARCOAL IN MUSHROOM POISONING.—According to the *Bulletin Général de Thérapeutique* (quoted in *New York Medical Journal*) charcoal acts almost miraculously as an antidote for poisoning by mushrooms. Animal charcoal is to be preferred, though wood charcoal is also efficient. Several spoonfuls of the pulverized animal charcoal are reported to have checked or relieved the most severe cases of fungus poisoning. We say fungus poisoning, for we believe that we err when we say mushroom poisoning. The poisoning usually occurs from species of *Amanita* and other fungi eaten by mistake for mushrooms.

**Periscope.****LOOSE BONES IN THE KNEE JOINT.**

An article with the above title in this journal reminded me of a somewhat similar experience. The appearance of loose or floating bodies in the knee-joint has, from remote times, stimulated speculation relative to their etiology, as well as taxed the ingenuity of surgeons to devise a remedy. Ambrose Paré, in 1558, first called the attention of the profession to this somewhat rare form of disease and suggested operative procedures for its relief. They have been regarded by some as displaced inter-articular cartilages and by others as a simple hypertrophy of structure, as enlarged villi of the synovial membrane, or a genuine neoplasm developing in the joint. While at first fibrous or cartilaginous in structure, they may later undergo ossification and detachment from their original site, when they may obtrude themselves between the articular surfaces, giving rise to a sickening pain and, by locking the joint, cause a temporary complete disability. So frequently are these bodies cartilaginous in structure that they are designated by many writers as "Floating cartilages." Although usually single, they may attain a size as large as the patella, but if multiple, they are usually smaller and fibrous in structure. It has been denied that these floating bodies ever originate by being chipped off from the articulating ends of the bones, but no doubt this accident may occur. It is claimed that they may result from blood clots, following traumatism, but however formed, as they increase in size the joint becomes more and more tender, swollen and irritable.

Loose bodies in the joints are among the rare conditions, for we meet practitioners of experience who have never encountered a case. In thirty years' practice it has been my experience to meet with four cases — three in the male and one in the female — which I believe is about the relative proportion in the sexes. When small and multiple they may be mistaken for chronic arthritis; when large, their presence is unmistakable and demands radical treatment for the disability engendered. Previous to the age of surgical cleanliness, one of our most prominent surgeons remarked, "Let no one be persuaded that this operation is unattended with danger; suppuration, tetanus, loss of limb or life, are the occasional results against which no method of operation or amount of precautionary measures have hitherto been able to furnish absolute guaranty."

The following clinical case will best elucidate the subject under consideration: Frank T., aged 18 years, in vigorous health, sustained an injury to the right knee by falling from his horse. The knee pre-

sented the appearance of a sprain, with swelling, intolerance of motion, pain, and effusion within the joint. Rest and anodyne fomentations relieved the acute symptoms, and with the exception of periodical relapses as a result of a misstep or violent exercise, the injury was gradually recovered from. After the lapse of several months, however, his attention was attracted to a hard substance that moved about within the joint, and caused considerable pain and inconvenience when pressure was applied to it. During its perambulations it sometimes found its way between the articular surfaces, giving rise to the most severe and sickening pain, sometimes throwing the patient to the ground and compelling absolute rest until the subsidence of the pain, when gentle manipulation and passive motion of the joint caused its occupant to retire to its lurking place, there perhaps to remain till the patient deemed himself rid of his subtle enemy. Deeming all palliative measures of relief unavailing, I removed the offending body by an incision into the joint with the same aseptic precautions that are customary in a laparotomy. To control the movements of the foreign body while making the incision is the most difficult part of the operation. Piercing it with a needle through the overlying tissues is sometimes resorted to, but so firm a substance may give us the slip, and this accident may delay the operation indefinitely. The joint was immobilized by a fixation splint. No rise of temperature attended the healing of the wound. After two weeks he commenced walking, still retaining the splints. When all restraints to motion were removed, the functions of the joint were found to be normal. The fragment weighed 30 grains and bore unmistakable evidence of having been fractured from the head of the tibia.—*International Journal of Surgery*.

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### AUTOINTOXICATION.

Autointoxication results from the absorption into the circulation of certain compounds of putrefactive changes in the intestinal canal. Brieger showed that disease may depend upon the presence in the system of substances capable of combining with the acids of the secretions to form salts which correspond with inorganic and organic bases. Selmi called these substances ptomains, chemical compounds basic in character, formed by the action of bacteria upon organic matter, in contradistinction to leucomains, which are classed as animal alkaloids, resulting from tissue metabolism in the body. Ptomains resemble vegetable alkaloids. Much has been written on the part played in digestion by the bacteria of construction and destruction, or the process of building up and breaking down, but space forbids a discussion of

this here. We must assume that the processes are familiar to the reader and confine our remarks to autointoxication in its restricted sense.

First, then, by faulty elimination we may have normal excrementitious products retained in the body, for instance, in uremia from insufficient excretion by the renal cells; in the suppression of perspiration, whereby toxic products, which would otherwise be thrown off through the sudoriferous glands, are retained in the system; and a retention and absorption of the effete material that should be carried off through the bowels. Then we have incomplete chemical change, oxidation being incomplete, intermediary products being thrown into the absorbents instead of the less poisonous substances. An excessive formation or faulty elimination of uric acid is said to cause gout and a whole train of disturbances attributed to the condition called the uric-acid diathesis. The presence in the body of acetone in diabetes is another illustration of imperfect chemical change.

A deficient glandular secretion may result from incomplete chemical change. This occurs in that form of diabetes known as pancreatic, as well as in myxedema and Addison's disease. Excessive secretion of the thyroid gland is responsible for exophthalmic goiter. Albumins and peptones, as well as probably other compounds resulting from the digestive process through faulty absorption, may find their way into the circulation instead of being reconverted into albumins, and so produce positive poisonous effects. Glycogen may in certain hepatic disorders find its way into the blood and urine, or certain foods, such as the carbohydrates, may be converted into glucose and produce, according to the degree of change, glycosuria or diabetes.

It is known that mental emotion may cause the milk of nursing mothers to become toxic, while the defective action of certain organs may lead to the formation of poisonous compounds. To undertake to outline a treatment for these conditions would tax the patience of the reader. Suffice it that the true cause of the disturbance should be sought for, and when found, combated according to modern ideas of intestinal therapeutics. To keep the bowels always freely open is the first requisite. Avoidance of such foods as are readily acted upon by the bacteria, such as milk, cheese, the carbohydrates, etc., should constitute a prime factor in treatment.—*Medical Record*.

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## FRACTURES OF THE BONES OF THE FOOT.

It has been said that the employment of the X-rays, albeit vastly helpful in the diagnosis and treatment of fractures, has discovered no type of fracture not known to us before. Essentially this is true, but an exception to the statement, both in fact and in spirit, must be made of certain fractures of the bones of the foot.

A decade ago it was taught that fractures of the metatarsal bones were produced only by severe and direct violence. By means of the X-rays Robert Jones, of Liverpool (*Annals of Surgery*, June, 1902) discovered, in his own person, a fracture of the base of the fifth metatarsal bone, produced by bearing his weight on the inverted foot while dancing. He reported several other cases of the same fracture, all produced by indirect violence. The editor has seen the same fracture produced by a mere twisting of the foot while walking.

It was by means of the X-rays that it was determined that swelling of a foot produced by slight violence, as in marching, ("fuss geschwulst," "forcepied," "swelled foot," as the soldiers called it) is in many cases the result of a fracture of a metatarsal bone. Kirchner and others have shown that fractures of the metatarsal bones are by no means as uncommon as they were formerly thought to be. Helferich says: "It is astonishing to find out how small an injury to the foot, protected as it is, by the boot, suffices to produce an isolated fracture of a metatarsal bone. The injury may consist in a blow against the sole of the foot, or in the long axis of the foot, as in marching, especially on frozen and uneven ground."

Among the other injuries by indirect violence we have learned, again largely by means of the X-rays, that sprains of the ankle often involve a chipping of the malleolus.

As a result of direct violence, fracture of a phalanx, or of the calcaneum may be diagnosticated without skiagraphic aid, as may coarser fractures of other bones produced by crushing injuries. Even here, however, an accurate anatomical diagnosis is usually impossible without the X-rays. Again and again their use demonstrates a fracture of one or more of the small bones of the foot in patients who have, or who are supposed to have, fractured the tibia or the fibula, or merely "sprained" the ankle.

Anatomical considerations make it at once evident that the determination of the presence of a fracture of one of the mid-tarsal bones is extremely difficult, and usually impossible without X-ray examinations. Yet these examinations have shown the occurrence of such fractures alone, or associated with injuries to other bones, as the result of injuries by slight or severe direct violence. For this reason, and because fractures of the metatarsals by indirect violence are by no means uncommon, it should be practically a routine to submit the foot to skillful skiagraphy in all cases where either form of violence may have occurred. It will save many patients from weeks of suffering and disability. In this region, more than in any other, the X-rays are a means of diagnosis that can not be dispensed with.—*American Journal of Surgery*.

# ECLECTIC MEDICAL JOURNAL.

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## INFANT FEEDING.

The season of the year is now here for gastro-intestinal disorders of children. In naming them we may follow any of the numerous classifications we desire, and subdivide them, nosologically, with reference to their anatomical seat as minutely as we are capable. The fact still remains that a successful treatment must take into consideration an intelligent idea and management of feeding, and all the elements that enter into the subject.

A very large percentage of the cases of so-called gastro-enteritis, muco-enteritis, enterocolitis and cholera infantum have their origin in a case of dyspeptic diarrhea or acute indigestion. This may be due to too frequent feeding or improper food; in other words, it may be a wrong of either quantity or quality. With this fact well impressed in our minds, it is well if we restudy the subject of infant feeding, even if it is in a cursory way. Another fact to be remembered is, that a very large per cent. of the cases of summer complaint met with occur in artificially fed children, which fact makes the study of the subject doubly important.

It is conceded that the best substitute for the mother's milk is a modified cow's milk. Just which method to adopt is simply a question of taste. They all have but one object in view, that object being making it digestible and bringing it as near as possible to mother's milk, chemically.

Meigs' modification by the addition of lime and sugar water is an old one, and is still adhered to by that pioneer in the study of infant feeding. Starr follows this method quite closely also. We have also the percentage method, and the use of laboratory milk, and, finally, Chapin's, which is a simplified percentage method, and one that can be worked out in any household.

It is hardly necessary to call attention to the caution needed in

caring for the milk. Its source, collection, utensils used in its collection, and the care of the feeding outfit — all these call for the utmost cleanliness. As a nursing bottle, we are at present using the "Hygienic." It can be kept clean with a minimum amount of labor. Its uniform size and the shape of the nipple commend it in this particular.

We have used, for many years, the Meigs mixture, modifying the amount of milk and diluent so as to suit the age and powers of digestion and assimilation. Recently we have resorted somewhat to Chapin's method of using top milk. Its certainty, ease of modification and preparation in any house are strong features that commend it.

His method is, practically, the use of the top milk, or, as the farmer's wife would say, the cream, as it rises in the quart bottle by gravity. He has ascertained, by numerous analyses, that the top nine ounces, when mixed, if the milk is very rich, will contain about 15 per cent. fat; if ordinarily rich, about 12 per cent. fat. If sixteen ounces be used, the percentages of fat would be respectively 9 and 8 per cent. The proportion of fat to the proteins and sugar are quite constant in top milk, when nine ounces are used being as 3 to 1; when sixteen ounces are used, as 2 to 1. Bearing these two facts in mind, the percentages are easily figured by dividing the strength of the milk by the dilution. The example given by him is thus: One part of nine-ounce top milk to three parts diluent will give a dilution of four. If the milk contain fats 12, proteids 4, sugar 4, we have as the quotient, fats 3, proteids 1, sugar 1. A wide variation in these percentages can be secured by simply varying the dilution.

Sugar must, of necessity, be added to these dilutions, as the mother's milk contains from six to seven per cent. sugar. To a twenty-ounce mixture about one ounce of sugar is added, or about one-twentieth of any mixture. It is true a method of this kind requires a greater amount of care and brain power than it does to simply direct the mother to use one of the many proprietary foods upon the market. But it yields more satisfactory results. The custom is too prevalent of advising their use unthoughtedly of the kind advised or needed, and then, when they do not agree, of changing from one to the other, indiscriminately and without any reason, save only that the first did not agree with the child. Study should be directed toward ascertaining why it does not agree, and what is the nature of the food used. Is it a milk food or a malted food? Possibly it contains a large amount of starch, which the child is unable as yet to digest. The whys and wherefores for the modification of cow's milk would make too extensive an article for the present purpose. We simply desire to impress upon you the fact that more certainty is needed in this important branch of medicine. Pasteurization and sterilization are questions to be solved

by each one for himself. Each has its advocates. The first requires care, as the milk must be kept at a low temperature for some time; yet we use this method, as sterilization gives to the milk a cooked taste, which is somewhat unpleasant.

Inanition, malnutrition, scorbutus and rachitis, as well as the various acute diseases of the gastro-intestinal tract, can not be successfully treated without a careful study of the food. In fact the first four named diseases are solely and purely a question of dietetics rather than therapeutics. Many of the latter will yield only when a proper diet can be found, and then often without any medication whatever.

MUNDY.

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### FRACTURES.\*

Attention is called in this article to a class of fractures that often cause much suffering, loss of time, and finally result in only partial restoration in many cases, because of very general failure to recognize them and apply proper treatment.

In these cases the victim is apt to cherish ever after a feeling of resentment toward the attending physician, fully convinced that he has not been skillfully treated. He doesn't claim to know for himself all about such matters, but he shares the common popular belief that a fractured bone, properly treated, will be restored good as new. He also expects this result to be secured in a reasonable time. His ideas and expectations are so positive and definite that failure to realize on them is sure to greatly impair confidence in his physician.

References had to fractures of articular surfaces, either at ends of long bones or in joint cavities, often called fissures, or fissure-fractures. They are much more common than most surgeons suppose. In fact they are not mentioned in most surgical works.

They are the result of direct violence, from falls or blows, and may occur without laceration or rupture of the capsular ligaments, and so without displacement. It will be difficult, in most cases impossible, to elicit crepitus. The most frequent seat of fracture of this character is the lower articular surface of the radius. Barton's fracture is a fissure-fracture, but usually there is slight displacement, enough to prevent it from being overlooked. It often is pronounced a sprain, however, and treated as such. The tibial articular surfaces also are often fractured. The next most frequent site is the glenoid cavity, caused by falling and striking on the point of the shoulder, or in crushing injuries, as in railroad wrecks. Roberts' "Modern Surgery" says, page 416: "The rim of the glenoid cavity is occasionally chipped off in dislocations of the head of the humerus, and the cavity itself



may at times be fissured, but the obscurity of the symptoms renders diagnosis almost impossible."

In any of these cases the signs of fracture may be almost wholly wanting; no displacement; no obtainable crepitus, no deformity except swelling. The soreness, aching pain and loss of voluntary motion are interpreted as due to sprain. They are therefore given the treatment for sprain. Ordinarily indeed, as soon as patient is assured that there is no fracture, only a bad sprain, he feels competent to undertake the treatment himself. But whether home treated, or under the physician, the result has been such as to cause a general popular belief, shared by many physicians, "that a sprain is worse than a break." It has often happened that the surgeon, finding liniments, massage, passive motion and electricity useless, has, without other reason than the necessity of doing something different, applied plaster of Paris, or other fixation dressing; and, after long, tedious confinement, the limb emerges, shrunken and stiff, but gradually returns to usefulness. The surgeon's credit for the belated result may be better than nothing, but is far short of what it might have been.

Again, it has happened in this wise: A surgeon has been a long time treating a painful disabled shoulder. The patient, discouraged and dissatisfied, changes doctors. The new attendant realizes the necessity of seeing and doing something the first doctor had not seen and done. He declares sub-luxation exists, and proceeds to reduce it under anesthesia. He then applies a fixation-dressing, with the injunction, "It has been out so long it will be necessary to wear a retentive dressing for a long time, several weeks." This gives the unsuspected fracture a chance to unite, and enables No. 2 to score a triumph over his rival.

When a fissure-fracture results from a railroad accident, the astute corporation surgeons, ever on the alert to protect the company from possible damage suits, suspect malingering. The officials of the road will generally endeavor to avoid litigation. The jury may prove obstinate. So, in case of an employee, salary is continued, and, for passengers, expenses and surgical attendance provided for, often for several months. In this way many cases are kept out of court, until, at last, the unsuspected fracture unites, and the case ends without being really understood by either party. Many physicians have been greatly puzzled by the different behavior of two cases of sprained ankle apparently of equal severity, one recovering in a short time, two weeks or less; the other, under the same treatment, becoming chronic and persisting many months, even years.

The explanation may be seen from what precedes. In order to enjoy a feeling of security in all possible contingencies, and be able to

make definite and positive prognosis, it is necessary to differentiate joint sprain from fissure-fracture before, in the latter case, much plastic exudate is thrown out. We shall then be able to avoid the unpleasant consequences of delayed union, and greatly shorten the period of disability.

As already remarked, an immediate decision may not be practicable. Neither is it at all essential; for the treatment may be identical for the first four or five days.

The initial symptoms in either case are swelling, pain, soreness and tenderness, with loss of voluntary motion. In case of sprain, even though it be severe, treatment applied as indicated above, will, in five days or less, give relief of pain and toleration of passive motion. Immobilization would be unadvisable. It is only required to continue treatment, as begun, for another week or ten days, to enable ordinary use of the limb. But if, after the lapse of the first four or five days' treatment of a case, there is continued soreness, and an aching pain, increased by attempts to use the limb, we have fracture, involving the articular surface. If this case is left without fixation dressing, excess of callus will be thrown out, resulting in partial ankylosis, often exciting trophic neuritis and prolonged suffering and disability. If immobilized as soon as treatment proves it to be a fracture, and not a sprain, and given rest for about three weeks, bony union will take place without complication, and full use of the member be an early result.

In any case applying to you, the patient and friends will already be strongly committed to a diagnosis of sprain. You will concur only so far as primary treatment is concerned, reserving your own diagnosis and prognosis until a few days later.

Careful attention to all such injuries in the manner indicated, will save any physician the annoyance and mortification of having on his hands surgical cases which, although not apparently serious, obstinately refuse to get well.

CHURCH.

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### WANDERING FIBROID TUMORS OF UTERINE ORIGIN.

Six weeks ago I was called, in consultation with Dr. J. L. Worley, of Washington C. H., Fayette County, O., to examine a lady about forty years of age, extremely anemic on account of excessive hemorrhages from the uterus, and alternately from the bowels. These excessive hemorrhages had been pretty constant in the last eighteen months; the last two came near resulting fatally with the patient.

We found, on making a bi-manual examination, that the pelvis was fairly well filled with uterine fibroids. The diagnosis was made out, "Surgical fibro-myoma, with intestinal attachment." Surgical

interference was suggested and accepted, and an abdominal hysterectomy performed.

We found, attached to the uterine fundus, four fibroid nodules, from the size of a hen egg to that of a goose egg. After completing the abdominal hysterectomy we had failed to find or explain the cause of the hemorrhage from the bowels. But on inserting the hand into Douglas' cul-de-sac, we found a wandering fibroid of a uterine origin, firmly attached, and within the lumen of the intestine.

On a more careful examination of the uterine fundus we found where Nature had sloughed off this tumor. The intestine had given it viability, and at the same time had received punishment by its excessive bleeding.

A diamond-shaped ex-section, six inches of the intestine, including quite a quantity of mesentery, removed all of the evidence of the wandering uterine fibroid. The ex-sected intestinal ends were sutured by an over-and-over suture of the Czerney-Lambert manner of suturing, with the author's modification of the continuous stitching.

There is very little literature in regard to amputated uterine fibroids, wandering in the pelvic cavity, attached or unattached to pelvic or abdominal tissue. Occasionally a retro-peritoneal fibroid tumor of uterine origin is encountered in performing laparotomy.

I believe the growth, related above, was not of a parasitic nature, but had become engaged with the intestine, and attached and derived its nutrition from the uterus, building out new tissue, and possibly pulled upon by the torsion of the intestine until it was set free from its uterine environment.

The patient, although greatly anemic, made an uninterrupted recovery, and now, that nearly two months have passed, we have every reason to believe that she will be free from any further intra-abdominal lesion.

RUSSELL.

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Hofmeister's method of preservation of catgut is substantially as follows:

Immerse the ordinary raw catgut of commerce in a one-per-cent. solution of iodine. This solution is made by dissolving one part of iodine and one part of potassic iodide in one hundred parts of water. The potassic iodide is dissolved in a small quantity of water, to which add the finely powdered iodine. This solution is then diluted to one per cent.

The catgut is placed on glass rolls, before immersion in the solution, and is allowed to remain in this fluid until required in operations. The catgut is then washed with sterilized water, and can be used with every assurance of its being perfectly sterile.

RUSSELL.

**GRAFT—WHAT IS IT?**

"He used to belong to the party of anti-grafters, doncherknow."

"Doesn't he belong to it now?"

"Naw."

"Why not?"

"Got a chance to graft, doncherknow."

The newspaper and secular magazines are filled, at the present time, with articles on graft and grafting, and one would suppose, from the tenor of these effusions, that social, financial and political virtue, in the shape of the "dove of peace," had flown from the ark and settled on the writers of these articles and their admiring constituents, and that disinterested methods or measures, or, in other words, the millennium, had arrived, because every one would henceforth work simply as a philanthropist. Only measures that will redound to the "glory and benefit" of our country and people, will be considered, and any person with a selfish idea, or with an idea of self-glorification, must "forever hold his peace," or, in other words, be compelled to hide his face for very shame.

What is graft? Who is successful in this life that does not give so-called graft? This may be in the form of cash, promises, or the ability to so impress others with the idea you can give them better results for their money than they can obtain elsewhere, but it is graft pure and unadulterated. The reformer, so-called, promises all kinds of changes in the conducting of affairs if he is only given a chance, and this applies to the professors of politics, religion and medicine. The merchant advertises that on such a day, or during such a week, a certain line of goods will be sold at a discount of say twenty-five per cent. What is the result? The store is crowded with so-called bargain hunters, but in reality they are those who are hunting for graft—I should have said bargains. In this instance it is a money graft or consideration, if the term suits better. In the case of the reformer of social, political or corporate wrongs it may not always be for monetary considerations, but for reputation or applause.

With the medical profession it usually is a dual object—reputation and money. The one who can look the wisest, impress the patient the most with his, either real or assumed, erudition, is the successful practitioner, provided, of course, there is the ability to do good work on the case. In other words, it is the personality, or graft, of the physician. Of two men of equal ability, the successful one is he who can impress the public with his superiority. Many persons can, for a limited time, convey the impression of skill, but after a time the discriminating public places the aspirant in his proper place. If of mediocre

ability, the position is in this class; if of superior talents, never fear, other things being equal, that all the credit deserved will not be accorded.

In the medical profession optimism is necessary to graft successfully with the public. When a person is ailing it is not pleasant for that party to come in contact with a pessimist. The person who always thinks every one has it in for him is not a cheerful companion, and is the last person who should think of going into medicine, for eventually he will find that the public will accord him what he justly deserves. In fact he can not give any graft in the shape of assurance or cheerfulness, and consequently is a failure so far as any ambitions for his advancement are concerned.

The physician's greatest stock in trade, other things being equal, is cheerfulness, and in this instance it is graft of the "graftiest" kind, often doing more to benefit the patient than the medicine prescribed, the psychological effect being curative in many instances, especially in neurotic cases, which form a large proportion of the physician's patrons.

Graft is perfectly legitimate when properly applied or given, and is always employed by the successful person, no matter what his vocation.

FOLTZ.

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### VIRES VITALES SUSTENETE.

This is the rock upon which we have builded. But how do we do it? What is vital force? Where does it come from, and how much of it does each individual possess? How does he retain it as long as he does, and why does he lose it at all? Who has measured it, and is there any way by which he can retain what he has indefinitely? If not, why not?

We talk wisely about sustaining the vital force and do not know what it is. We know mighty little more about vital activity than did our simial ancestors who hung from the limbs of trees by their tails and blinked at their companions who sat upon the ground on their haunches and blinked back at them. And to think that we, knowing so little, are ever ready to shy rocks at each other's heads on account of what we do not know!

This vital force, whatever it is and whatever it comes from, is a wonderful thing; and in whatsoever manner we may be able to sustain it or add to it, one thing is absolutely certain, and that is, if we are not exceedingly careful, we can help a man to get rid of it mighty suddenly. But view it as we may, it is still the most wonderful force in the universe of man.

Do you know that I sometimes think we are gradually and unsuspectingly robbed of our supply, and that when it is gone the jig is all up? Now, don't call me names and proceed to everlastingly damn me, for I'll attend to that myself when I am cock-sure of what I am about. All along before that time let us think about it, for some of these days some fellow with a think or two coming his way is going to discover something about this which will make us ashamed for not having thought of it ourselves.

For the sake of argument, let us assume that each individual, at birth, is endowed with a quantity of vital force sufficient to maintain him for a certain length of time to be measured by circumstances. If from any cause his environment changes, his store of vital force will be affected, either by being conserved, perverted, transferred or dissipated. Let us further assume that each individual cell in the body is endowed with its own vital force which is capable of being transferred to its cell-offspring, and which is a unit in the aggregate of his vital stock; that the tendency of this force is to dissipate itself and leave the object in which it had previously dwelt, dead. What becomes of it then?

In every individualized object we have knowledge of, there resides this vital force capable of doing wonderful things, among which is that of transferring itself to other forms and leaving its old habitation tenantless and lifeless. In every acorn this force is present until transferred to the coming tree, when the acorn becomes an object from which the vital force has fled. Transferred from acorn to tree, it will again give life to other acorn, leaf and bud; the leaf to die by dissipation of its vital force, the bud by transference of that which gave it life. This is the circle of life which marks the disappearance of forms and establishes the persistence of force, the one thing permanent in the universe so far as we can conjecture, and it is without form.

Assuming that force itself is a modification of matter, but incapable of moulding itself into shape or form independent of tangible substance, is it capable of the variations of compression and expansion? Or does the object possessing it attract to itself a supply from without? Is there an interchange of this force between all bodies possessing it? Whatever may be the answer to these questions, the one thing certain is, that when an object has once been deprived of all of this force, that object is as dead as the proverbial doornail. It means a total annihilation of everything in its turn except the force itself.

It has always been a puzzler to me, why a man can maintain a standard of healthy vitality for a period of years, and then, without apparent cause, begin to lose it, and finally run out of it altogether. Evidently it does not come from the food one eats, else he would have

the means of infinite supply, and therefore infinite bodily existence. What we eat, however, does permit this vital force to manifest itself in living tissue for a period of time. Why does it not continue to do so indefinitely?

Is vital force limited, and does one generation die that the next may live? Do we yield this force to others that they may have birth and a short period of life?

Finally, how do we sustain the vital force? Do we do it with food? Perhaps. Do we do it with medicines? Possibly.

After all, the greatest riddle of the Sphinx is that which holds the mystery of life and death.

STEPHENS.

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### SUMMER DIARRHEAS.

The unseasonable weather of the spring months, which was attended by an epidemic of intestinal grip in a large section of the country, and which, at this writing, is still with us, and the severe epidemic of measles in this and surrounding country, in which the bowels are inclined to be loose, all these conditions continuing so late in the year, are prophetic of what will most likely follow with the advent of hot weather, and it will be well for the physician, as well as the patient, if the doctor be prepared for the trouble when it begins. While not necessarily confined to children, the most severe type will be found among infants. So much has been written on hygiene and dietetics that it may seem unnecessary, to some, to call to mind again the necessity of cleanliness, both as to the bottle and the care of the milk. If, however, we realize that infantile diarrheas would almost entirely disappear if the child were furnished with just enough nourishment to meet the needs of the system, and in such form that it could be readily appropriated, and that it be kept perfectly aseptic, too much stress can hardly be given to the dietary of the baby.

Many mothers, however, through ignorance, carelessness, overwork or indulgence, will entirely ignore regularity in feeding, or the amount of food required, or the manner in which it is taken.

First we must insist that the child be fed regularly, and that it not be overfed, four ounces every three hours usually being sufficient, though in many cases half that quantity will be better. Second, the bottle and nipple should be *absolutely* sweet, to maintain which it should be washed after each feeding (scalded) and laid in a vessel containing soda or lime water.

The child may be allowed all the *pure* water it may desire. Don't allow the child to suffer with the heat by too many flannels. If there

is irritability of the stomach and bowels, *withhold nourishment* till the stomach is ready to receive it kindly.

As to medication, each individual case will need a special study, though it is possible that an epidemic remedy will fit the great majority of cases; such a remedy may be found in arsenite of copper, as I have found in a great many intestinal cases this spring. The frequent watery stool, inclined to be green, and attended with pain, while the tissues are relaxed and cool, calls for this agent. Ten to twenty grains of the second trituration, added to a half glass of water, and a teaspoonful every half hour, has proven very efficient in my hands. The old neutralizing cordial can hardly be dispensed with if we wish to be successful. The bowels may be washed out with a normal salt solution, once, twice or three times per day.

Other remedies may be needed, in fact several remedies will undoubtedly have to be added to the above, but with the careful study of individual cases the individual remedy will suggest itself.

THOMAS.

## PREVENTIVE MEDICINE.

I think I can say, without the fear of being successfully contradicted, that the study of *preventive* medicine is the most important one known to man. There is no other cause, a devotion to which so exalts and refines as does preventive medicine. It involves an altruistic insight and prescience which lifts up and expands the soul as nothing else can. If we actually *knew* that escape from eternal damnation depends upon accepting and applying the "gospel," then the ministrations of the preacher would be even more important and sacred than those of the disease preventer; but we don't *know* it. We do know that preventive medicine is a living, present reality — it is not a dream, and it is not tainted with superstition. An authoritative medical seer has predicted that within fifty years the mightiest propaganda among men will be preventive medicine.

It is a fact to blush over, that, comparatively speaking, only a few doctors appreciate the vast importance of disease prevention. This is made manifest by the fact that books on that subject, by whomsoever written, have almost no sale. The heroic druggist is becoming less prevalent, however, and as his murderous tribe diminishes, preventive medicine, together with physiologic treatment, will grow in favor and popularity. The therapeutic section of the Allopathic National Association, just adjourned, committed itself fully to most of the progressive principles insisted on in my late work. Shall the "liberal" schools be left in the lurch by the "nonprogressive" old school? It looks that way.

COOPER.



**DIAGNOSIS.**

In the diagnosis of a severe illness, does the doctor think with accuracy, weighing the evidence with fitness, characteristic of a mind trained in cross-examination and discernment, weighing the evidence presented in each case, modified by the peculiar characteristics in the temperament of the patient, and the environments of life? For the doctor to think accurately; to study his case carefully; to analyze the symptoms, and to arrive at a definite conclusion, by exclusion, requires more time and study than the average physician gives in the general practice of medicine.

If the physician acquires the habit of surfacing cases, it will not be long until he ceases to weigh the evidence, and to reach conclusions that are weighty, and the habit of shiftless diagnosis becomes a second nature.

All doctors think, or should think, with accuracy, and as they think they act in accordance with their thoughts. Oftentimes the patient and friends read the physician's real thoughts, not what he avows he thinks.

If the physician would become an adept in diagnosis, it can only come by a continual, careful, studious analysis of every case of importance intrusted to his care. Let me illustrate by reciting the act of a physician who visits his patients by means of an automobile.

His mind must be active, his eye discerning, his guiding hand ever responsive to his will, for to be thoughtless, inactive, or careless, he courts disaster as he rushes through the street or on the public highway in the speedy machine.

I sometimes think that the automobile drives its owner to immediate action, without stopping to argue or weigh results, as the engine is hurriedly taking him to his destination, either in safety or with disastrous results.

So the good diagnostician, the physician whose mind is trained to be active, whose eye detects conditions at a glance, may some time be charged with haste or surfacing, while in reality little, if anything, of importance in the methods of diagnosis escapes his trained eye.

Truly it may be said that the surgeon is forced to weigh the evidence, and act on the spur of the moment, and abide the results, whatever they may be, without stopping to study or hesitating in action at a critical moment.

RUSSELL.

# In Summer Complaints

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| <b>Potassium Bicarb.</b><br>2 1-2 grains. | { Antacid. Increases alkalinity of the blood and the oxidation and excretion of effete matters.  |
| <b>Pancreatin</b><br>1 grain.             | { Promotes intestinal digestion, converts starch into sugar and dextrose; proteids into peptones; emulsifies fats; digests the casein of milk. |
| <b>Ceylon Cinnamon</b><br>1 1-4 grains.   | { Valuable in atonic conditions of the intestinal mucous membranes, with flatulence and diarrhea.  |
| <b>Spirit of Peppermint</b>               | and a minimum of Simple Elixir is a menstruum that will commend itself to physicians.  |

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# THE ECLECTIC NEWS

## A MONTHLY NEWSPAPER

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### BOOK NOTICES.

**A Manual of Materia Medica, Therapeutics, and Pharmacology.**

With Clinical Index. By A. L. Blackwood, M. D. 592 pages, flexible leather, \$3.50. Boericke & Tafel, Philadelphia.

This book, though apparently small, contains a vast amount of information concerning drugs and their action, and the homeopathic therapy is splendidly presented. Owing to the use of thin paper, the volume contains nearly six hundred pages, and it does not appear that any drug has been omitted. Each drug is identified in pharmacal, botanical and common terms, homeopathic and U. S. P. preparations given, and the dosage indicated. Then follows the physiological action. Next comes the therapeutics according to homeopathic usage, following which is the comparison with other drugs. It is readable, and reminds one of an Eclectic materia in giving the precise indications. The author has undoubtedly availed himself of modern Eclectic therapy, for we find much related that has been evolved in the evolution of Eclectic medicines. The work can not fail to meet with the approval of physicians, particularly the later-day homeopathist. Good clinical and general indices complete this useful volume. H. W. F.

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**THE ECLECTIC PRACTICE OF MEDICINE.** By Rolla I. Thomas,

M. D. Illustrated. 1033 pages, cloth, \$6.00; sheep, \$7.00. The Scudder Brothers Co., publishers, Cincinnati, O.

I am glad to see that the author of this work devotes considerable space to the pathology as well as the symptomatology and treatment of each disease. His attitude upon the germ theory is safe and sane. While recognizing the possibility of certain bacteria causing disease, he holds the question in abeyance as being far from proven, and suggests his treatment along lines tending to conserve the vitality and favor elimination, rather than along purely germicidal lines.

In his introduction, where he comes squarely out for specific medication as being the distinguishing feature of the Eclectic school, and his faithful adherence to this principle throughout the body of the

work, he certainly is to be admired. One always likes to see a man have the courage of his convictions.

T. WILLIS MILES, M. D., Denver, Colo.

I have looked Prof. Thomas' new work on the Practice of medicine over carefully, and can most conscientiously endorse it as a representative text-book for the Eclectic student and practitioner. It is up to date, thorough, without being exhaustive to prolixity, well worded, and philosophically constructed. The treatment is modern, broad and comprehensive, covering the ground thoroughly. The work is a credit to us all, for it compares favorably with the best productions of the time in its field, both in discussion and mechanical finish.

HERBERT T. WEBSTER, M. D., Oakland, Cal.

The work by Professor Thomas has been received, and I herewith inclose a "review,"\* which I am well aware does not do the book justice. I, as one humble Eclectic, feel proud of the fact that we have a work of the character of this one. I hope that ere long some suitable and sufficiently able man will be found, who will put out a companion work to this one, embodying the views and the facts of the relations held by Eclectics to exist between the pathological condition in the diseased body to the symptoms as they appear, and then the action of a given remedy as indicated by the symptoms, showing the why of "specific medication" and the links in the chain of cure. With such a work as a companion to the one written by Prof. Thomas, Eclecticism would be invincible, and our professional enemies would be forced to yield to us the palm of rational and exact, or scientific medicine. I hope that you will "dig up" some such author soon, while the popularity of this work is in the ascendant, so that the two books might go before the professional world hand in hand, to proclaim the beauties and certainty of Eclecticism.

H. L. HENDERSON, M. D.

**The Dynamics of Living Matter.** By Jacques Loeb. The McMillen Co., New York, publishers. Cloth, 233 pages, \$3.00.

This is Vol. VIII of the Columbia University series. The author discusses living organisms as "chemical machines," which possess the power automatically, preserving and reproducing themselves; thus differing from artificial machines. He asserts the possibility of manufacturing artificial living matter in time. The book, though somewhat technical and obscure in places, will prove of intense interest to the physiologist and biologist.

L. W.

\* See page 47, Book Notices June Journal.

# Drug Treatises on Specific Medicines

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Please note that we make only such remedies as physicians use and commend under their proper botanical or established titles; that we make no preparations for the home or self-cure of disease; that our printed matter is descriptive and designed for the medical profession only, and that we advertise nothing whatever to the laity.

If you are not receiving these drug treatises, or if your set is not complete, please advise us, and we will send the complete set or such missing numbers as may be desired and will place your name on our mailing list for future issues. Our preparations are for sale in all jobbing drug stores of America, and are supplied at our Cincinnati prices by pharmacists generally.

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## Lloyd Brothers, Cincinnati, O.

## COLLAPSIBLE TUBES.

(LLOYD BROTHERS' SOFT CERATES AND UNGUENTS.)

With the object of giving physicians the best service possible both as concerns excellence and convenience, we have *at no increase of price*, arranged to supply two of our soft cerates and unguents (Echafolta Cream and Howe's Juniper Pomade) in *Collapsible Tubes*.

*Echafolta Cream* will hereafter be furnished in this very convenient form instead of the old style jars and cans.

COLLAPSIBLE TUBE.  
[Reduced Illustration.]

The advantages of *Collapsible Tubes* are apparent. Always clean, convenient, for either the office or pocket, readily manipulated, air tight, they permit every grain of the contents to be used. There is no waste, no greasy dirt, no loss of volatile constituent. *They can be cheaply sent by mail*. At present we offer at the following prices:

**ECHAFOLTA CREAM:**

Two-ounce, Tube, 25c.; by mail, 30c.

Four-ounce, Tube, 50c.; by mail, 60c.

**HOWE'S JUNIPER POMADE:**

Two-ounce Tube, 25c.; by mail, 30c.

Four-ounce Tube, 50c.; by mail, 60c.

SUPPLIED BY ALL OUR AGENTS AT CINCINNATI PRICES.

LLOYD BROTHERS, Cincinnati, Ohio.

**Lippincott's.** A new field for a story of love and adventure—the oyster-bed shores of Chesapeake Bay! In the June Lippincott's, Wm. H. Babcock has a charming story laid in that almost entirely unworked field, entitled "Two in a Fog." Addison M. Rothrock contributes "The Cafe Procope," famous old Paris restaurant where such as Voltaire, Rousseau, the boy Napoleon, and other illustrious personages dined, and which is still serving food and drink to the moderns. A jolly Irish story is contributed by Margaret Sullivan Burke. A significant and convincing article is that by Booker T. Washington on "Land Hunger in the Black Belt."

**The Cosmopolitan.** The most prominent article in the June issue continues to be Phillips' "Treason of the Senate," the United States Senator now under fire being Spooner of Wisconsin. Edwin Markham strikingly tells "What Life Means to Me." Alfred Henry Lewis begins the "Story of Andrew Jackson." Among other contributors are, Elbert Hubbard, Jack London, Allan Dale, H. G. Wells, Broughton Brandenburg, and Ernest Crosby—truly a literary galaxy.

**The Delineator.** Besides the numerous fashion chronicles, the June Delineator has a number of literary features of much worth. Among the latter are the first part of "The Rose of Sharon," a mystery tale whose secret few readers will solve; a Russian narrative by Wolf von Schierbrand; Gustav Kobbe tells the story of the song, "Home, Sweet Home;" Dirt and Danger; and for the children there are bright stories and pastimes—in all a superb number.

## COLLEGE AND SOCIETY NOTICES.

### THE NATIONAL.

The annual meeting of the National Eclectic Medical Association was held at Put-in-Bay, June 19-21. There were 161 physicians registered, and over 100 wives and visitors. The meeting was one of the best ever held, with the possible exception of the section work, which suffered somewhat for lack of time. Hereafter the meetings will extend over four full days. The steamer ride around the islands on Wednesday afternoon and the *musicale* in the evening were very enjoyable. Seventy-two Ohio physicians acted as hosts. The following officers were elected for the ensuing year:

President, E. H. Stevenson, Ft. Smith, Ark.; 1st Vice President, S. J. Stewart, Lincoln, Neb.; 2d Vice President, G. Adolphus, Atlanta, Ga.; 3d Vice President, H. H. Brockman, Eldon, Mo.; Rec. Secretary, W. P. Best, Indianapolis, Ind.; Cor. Secretary, H. H. Helbing, St. Louis, Mo.; Treasurer, Earl H. King, Saratoga Springs, N. Y.

The next meeting will be held in California, at either Los Angeles or Long Beach. A more extended notice will appear in the next number of the Journal.



**West Virginia Association.**

The Eclectic Medical Association of the State of West Virginia met at the Chancellor Hotel, Parkersburg, May 15, 16, 1906. The attendance was light on account of the National being so near home. Prof. R. L. Thomas, of Cincinnati, was present and gave us a talk that was appreciated by all. This meeting was the last at which we are liable to have Dr. M. H. Waldron with us, as he will leave for California this month. The meeting was well presided over by our President, Dr. J. A. Monroe. In the absence of our Recording Secretary, Dr. D. H. Edwards, Dr. C. W. Seeley was chosen to act pro tem. On the evening of the 15th, we enjoyed a trolley ride to historic old Marietta.

The following officers and delegates were chosen for the ensuing year: President, C. W. Seeley, of Wileyville; Vice President, Fred Vance, Mannington; Secretary, D. H. Edwards, West Liberty; Cor. Secretary, J. A. Monroe, Wheeling; Delegates to the National, C. W. Seeley and J. A. Monroe. C. W. SEELEY, M. D., Sec'y pro tem.

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**Indiana Meeting.**

The forty-second annual session of the Indiana Eclectic Medical Association was held at Marion, May 22-24. About seventy-five physicians were in attendance, and a very interesting program was carried out. The one difficulty seemed to be that too much material was crowded into two days and a half. Thirty-eight papers were presented, but less than half of them were read and discussed. Interesting social sessions, interspersed with music and addresses, were held on both Tuesday and Wednesday evenings. Wednesday afternoon Prof. Russell held a very interesting surgical clinic at the City Hospital. The members enjoyed a visit to the National Soldiers' Home in the afternoon. Among the visitors from a distance were Dr. Ellingwood, of Chicago; Drs. Russell, Foltz, Watkins, and Scudder, of Cincinnati. Dr. F. W. Abbott, of Taunton, Mass., was unable to be present.

The following officers were elected to serve for the ensuing year: President, Z. T. Hawkins, Swazee; 1st Vice President, O. B. Nesbit, Valparaiso; 2d Vice President, A. E. Teague, Indianapolis; Rec. Secretary, W. N. Brown, Fairmount; Cor. Secretary, E. B. Shewman, Waymansville; Treasurer, McGuyer Porter, Elora.

The next annual meeting will be held at Indianapolis, May, 1907.

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**New England Association.**

The New England Eclectic Medical Association held its twelfth annual meeting in Portland, Maine, May 23, 24, 1906, jointly with the 41st annual meeting of the Maine Eclectic Medical Society. Its attendance, reports, announcement, receptions, essays, clinics, elections, appointments, and banquet, showed little, if aught, wanting, and made this the best of its gatherings for years.

The following officers were elected: President, A. H. Flower, Boston; 1st Vice President, A. E. Parlin, Barton Landing, Vt.; 2d Vice President, R. E. S. Hays, Hazardville, Conn.; 3d Vice President, G. A. Weeks, Richmond, Maine; Rec. Secretary, Sylvania A. Abbott, Taunton, Mass.; Treasurer, F. W. Abbott, Taunton, Mass.; Cor. Secretary, Sarah E. Willsey Page, Manchester, N. H.



# ECTHOL.

**FORMULA:—EVERY FLUID DRACHM CONTAINS TWENTY-EIGHT GRAINS ECHINACEA ANGUSTIFOLIA AND THREE GRAINS THUJA OCCIDENTALIS. IT IS ANTI-PURULENT, ANTI-SUPPURATIVE, ANTI-MORBIFIC, AND IS SPECIALLY INDICATED IN BREAKING-DOWN CONDITIONS OF THE FLUIDS, TISSUES, CORPUSCLES, AND DYSCRASIA OF THE SECRETIONS.**

**"Our observation of the medical literature indicates that ECHINACEA is being used far more than formerly. — J. A. M. A., APRIL 8, 1905."**

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**PAPINE**

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"To promote sociality among all reputable physicians, and insure the benefits procurable only by intelligent co-operation," two of the chief objects of the "New England," were fully realized by appreciative representatives from Maine, New Hampshire, Vermont, Massachusetts, Connecticut, New York and New Jersey—enough eventually for the intelligent.

SYLVANIA A. ABBOTT, Rec. Sec'y.

#### North Texas Association.

The North Texas Eclectic Medical Association held its annual meeting at Bonham, May 24th. The following were some of the interesting papers read: Personal Experience with Rhus Tox, by Dr. H. H. Blankmeyer, of Honey Grove; Remittent Fever, by Dr. R. E. Sawyer, Bokchito, Ind. Ter. Dr. I. A. Briggs, of Atokia, Ind. Ter., was an honored guest. The next meeting will be held at Bonham in August.

#### Kentucky Examination.

At the May examination held by the State Board of Health of Kentucky, there were thirty-five applicants, thirteen of whom failed. Out of the twenty-two who passed, Dr. E. A. North, E. M. I. 1906, received the highest average, and Dr. W. E. Nichols, E. M. I. 1906, passed with an average almost as high. Dr. J. G. Eastham, E. M. I. 1906, also passed the Board at the same time. This is further convincing proof that if our doctors will send good material to the college, they need have no fear as to the final results.

#### Army Surgeons.

The War Department announces that there will be held a series of preliminary examinations of applicants for appointments in the medical corps of the army, at the various military posts, July 31st. Maximum age, 30 years. Applications should be filed with the Surgeon General of the army, Washington, D. C., prior to June 30th.

### PERSONALS.

**Married.**—At Milton, Ill., Dr. Frank Nelson McLaren, E. M. I. '04, to Miss Myrtie Dean Bolin. At home after June 1st, at Table Grove, Ill. The Journal extends congratulations.

At Pleasant Run Ohio, May 23d, Dr. Charles R. Campbell, E. M. I. 1906, to Miss Ina B. Huston. Dr. Campbell will locate at Newtown, O.

**Died.**—At Lynn, Mass., May 8th, Dr. Esther H. Hawks, a graduate of the New England Female Medical College, in class of 1857. Dr. Hawks practiced her profession at Manchester, N. H., until 1862, when she volunteered to go to the South Sea Islands for the Freedmen's Aid. In 1863 she joined her husband as nurse and assistant surgeon in the military hospital for colored soldiers in Bedford, S. C. Dr. Hawks practiced medicine in Florida for a number of years, and also practiced at Lynn since 1870, accumulating quite an estate, most of which has been left to charity.

A. C. Jenner, E. M. I. '07, passed the Tennessee State Board of Health with a good average. 98 out of 242 applicants failed, and Dr. Jenner's record, as a junior student, is consequently a very good one.

**Locations.**—Good country location at Edinburg, Portage county, O., seven miles from Ravenna. For particulars address, with stamp, Mr. J. E. Chapman, R. F. D., Ravenna, O.

Location in small country town of 400 inhabitants, good surrounding country. An active young Eclectic can do well, no opposition. For particulars address, with stamp, Dr. W. R. Ruble, Smith's Grove, Ky.

Good location at Mt. Carmel, Ind. Practice averages \$4,000 a year. Good country. For particulars address Dr. F. E. Seal, Mt. Carmel, Ind.

The new office address of Dr. A. F. Stephens, in St. Louis, Mo., should read, the Ohio Building.

Carl S. Mundy, son of Prof. Wm. N. Mundy, graduated from the Forest, Ohio, High School, on May 24.

Wanted, an assistant physician in the drug business, at Pine Bluff, Ark. Have a favorable offer to make to an active young Eclectic; prefer a graduate of the E. M. I. For particulars address, with stamp, Dr. S. M. Evans, Bloomfield, Mo.

We are very glad to learn that Dr. N. A. Graves, of Chicago, has returned from a six months' residence on the West coast of Florida, very much improved in health. Prof. Graves was taken with a very severe case of nervous prostration last fall, as a result of over work, and we are pleased to hear that he is making a slow but apparently sure recovery. He will take things easily this summer at Fairdale, Ill., and will probably be ready for practice again in the fall.



## READING NOTICES.

**Hydrozone.**—In the Lancet for November 19, 1904, we notice an important lecture on Abdominal Surgery, by Dr. Frederick H. Wiggin, of New York City, in which marked notice is taken of two excellent preparations for the treating of wounds—Hydrozone and Glycozone. These are the two well known scientific preparations which have been used by the medical profession for years, and which lately have been occasionally confounded by the laity with Liquozone. This latter preparation is a fake article, advertised exclusively to the laity, and which has been the subject of much comment in editorials in Collier's Weekly for November 18, 1905, to which our readers are referred. Similar write-ups have been made in editorials in a leading San Francisco journal.

**Treatment of Skin Diseases in Warm Weather.**—During the summer months the treatment of skin diseases presents a serious problem to the medical practitioner. Many and varied are the measures at his command, but he may run the whole gamut of the usual local applications without giving his patient the desired relief.

In Pond's Extract Antiseptic Cream, however, the medical profession have an antiseptic emollient for the skin that invariably brings prompt and pronounced surcease from the itching, burning, smarting, and general discomfort that characterize the various skin lesions. In eczema, erythema, dermatitis, pruritus, psoriasis, and similar skin affections, Pond's Extract Antiseptic Cream has been found remarkably

The one distinctive feature of

**Gray's Glycerine Tonic Comp.**

is its uniform efficacy in debilitated patients of all ages—the child, the adult, the aged. It improves the appetite, creates digestive vigor, promotes assimilation and—most important—has no deleterious after effects.

Gray's Tonic has become the standard remedy for anaemia, malnutrition and nervous exhaustion, from whatever cause.

**THE PURDUE FREDERICK CO., 298 Broadway, N. Y.**

**The McMillen Sanitarium**  
**FOR MENTAL DISEASES**

**NEAR COLUMBUS, OHIO.**

**Telephone 4406**

***For Men and Women***

***Alcoholic, Morphine, Ghloral***

***All Classes of Insanity Admitted.***

***and Cocaine Habits Treated.***

We receive and care for patients suffering from any form of disease with mental complications.

Our equipment is new and up to date. We offer good care, night attendance, comfortable room, good table, and constant personal supervision.

**The Columbus, New Albany and Johnstown Cars to Door.**

The building is warmed by hot water. Our lawn is ample and well shaded. Patients here find rest and comfort while being treated. Write us, state patient's condition in full, and ask for rates and circular.

**PROFESSIONAL CORRESPONDENCE SOLICITED.**

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**NEW JERSEY**

**Winter and Summer Resort**

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**For Service**

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effective by physicians who have used the Cream in these irritating conditions. It is not only a soothing and palliative application, but will be found to possess true healing properties as well.

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Physicians who prefer to encourage the process of digestion rather than to resort to artificial aid, claim that Seng gives most satisfactory results. Seng acts purely as a secernant to the secretory glands of the alimentary canal; and panax ginseng, the root from which it derives physiological action, has been used for centuries by the Chinese for stomach and all other troubles. Of course, many claims made for it by the Chinese are ridiculous, but that it has a specific stimulating action on the secretory glands is conceded.

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Through considerable experience with Chionia this remedy has convinced me of its sterling merit in the treatment of biliousness and all other hepatic derangements, functional and organic. I have come to regard it as an ideal hepatic stimulant, with perhaps a wider range of therapeutic adaptability than any cholagogue medicine I am acquainted with. Perhaps its greatest advantage is the fact that its use is not followed by any reaction to induce a sluggish condition of the stomach and bowels, such as follows the use of many other remedies. It is a pharmaceutical triumph.

D. S. MADDUX, M. D.

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I am well pleased with Sanmetto. It seems to divest the urine of its morbid or irritating properties, and has a soothing tendency in case of irritable or inflamed urethra.

J. B. WINN, M. D., Wichita, Kan.

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THE ANTI-URIC CO., Peoria, Ill.—Dear Sirs: In regard to Uric-Antagon, I am pleased to say it works like a charm. I used it in two cases, one lumbago and one sciatica. Both patients are well. I shall keep Uric Antagon on hand. Yours truly,

E JONES, M. D., —, Tenn.

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In the treatment of hay fever with Adrenalin Chloride, it has been suggested that weak solutions, frequently applied, are apt to yield better results than the occasional application of a strong solution. One of the pathological features of this peculiar malady is a turgescence of the turbinal tissues due to excessive dilatation of the capillaries. Overstimulation, by reaction, is very sure to result in complete paralysis of the vaso-motor supply in the region affected. On the other hand, gentle stimulation with weak solutions is not so likely to be followed by a reaction. Dr. Crille, of Cleveland, O, found that in a decapitated animal the heart's action was better sustained by the continuous administration of a weak solution of Adrenalin Chloride. Furthermore, this is probably nature's method of supplying this vital principle to the healthy human body through the agency of the suprarenal gland—its constant presence in the blood in minute amount being sufficient to maintain vasomotor equilibrium.

Battle & Co. of St Louis, Mo., have just issued the 10th of the series of twelve illustrations of the Intestinal Parasites, and they will be sent free to physicians on application.



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A unique and scientific combination of the active principles of three of the more recently investigated members of the Digitalis series, with Sambucus as adjuvant. A most dependable preparation (prepared in tablet form) for the rapid removal of dropsical effusions, and for the treatment of those diseases of which **DROPSY** is a **COMMON SYMPTOM**. Vastly superior to Digitalis, Elaterium, and the prescriptions hitherto in use in the treatment of cardiac, renal and hepatic diseases, with dropsy attendant. Urgently indicated in Nephritis, Valvular Disease and Cirrhosis. There is no other formula of the exact components of Anedemin.

IT CONTAINS STROPHANTHUS, so chemically treated and disposed as to eliminate its disagreeable properties, retaining its virtues. Anedemin is also composed of Apocynum Cannabinum and Urginea Scilla.

Anedemin is **non-toxic**, with **no cumulative action**, and produces no gastro-intestinal disturbance. It has been thoroughly and clinically tried, and endorsed by experienced physicians for five years. It is advertised strictly and exclusively to the practitioner.

Anedemin is a true cardiac tonic, in the full therapeutic sense of the term, affording ideal conditions for the reparation of cardiac lesions.

Anedemin, through the collaboration of its components, possesses wonderful potency; it is positive in its benefits, definite in its results. It is a true maintainer of perfect balance between the arterial and venous systems.

A box of 75 tablets for trial treatment, with full descriptive literature, etc. sent without cost to any physician upon application to the manufacturers.

**ANEDEMIN CHEMICAL COMPANY,**

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**T**HE towering importance of the so-called physical or mechanical methods (physiological therapeutics) in the modern treatment of disease is admitted on all sides. No physician can be considered an up-to-date practitioner who has not some knowledge of massage vibration, Swedish movements, hydro-therapy, thermo-therapy, electricity in its various forms, Finsen-rays and other forms of light treatment, X-rays, and the fundamental branches of physiological therapy, to wit, hygiene and dietetics.

**The Cincinnati Post-Graduate School of Physiological Therapeutics** is a school of scientific medicine, and the only post-graduate school of its kind in the West. It is open to physicians only. The school has the most complete equipment to be found anywhere in the United States. The courses of instruction are short and practical. A two weeks general course, including instruction in static electricity, galvanism, faradism, high-frequency currents, Roentgen rays, hydro-therapy, thermo-therapy, Finsen rays, Minin rays, electric light baths, massage, Swedish movements, etc., given from time to time for the benefit of busy practitioners who can not afford to spend much time away from home. The school has the unqualified endorsement of the profession. Every member of the graduating class of the Eclectic Medical Institute is given a course in drugless therapeutic methods at the Cincinnati Post-Graduate School of Physiological Therapeutics, the course being obligatory and a part of the curriculum of studies.

The text-book of practice used at the school is "**MODERN PHYSIO-THERAPY**," a practical hand-book of Physical and Mechanical Therapeutic Methods, by **Otto Juettner, M. D.**

Illustrated prospectus of the School and specimen pages of "Modern Physio Therapy" sent upon application. Address

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Repurified Magnesium Sulphate 60 per cent. In effervescent combination

An ideal refrigerant, anti-ferment, ant-acid, laxative or cathartic according to dose and conditions. The general usefulness of this preparation cannot be overestimated. The physician who will make Abbott's Saline Laxative the basis of his treatment of disease, both acute and chronic, will find his practice materially benefited thereby.

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The active principle of Bile

Bilein is a new remedy, but is as old as life itself. Doctor, how many of your indigestion and auto-infection cases depend upon a lack of bile? For these try "Bilein" and you will have an agreeable surprise. It will stimulate the Hepatic Cells that are negligent to more than normal activity. Put up in 1-4 gr. tablets. Try it and report results.

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Active principle of Brain and Spinal Cord

The only true lecithin. Indicated in all forms of debility, marasmus, poverty of tissue; in wasting sickness of all kinds, arrested growth and development, sexual debility, neurasthenia, etc.

Pills or Tablets; Bottles of 50 each, \$1.00.

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The active principle of Life

Nuclein is a true organic product, second to none in its ability to bring about leucocytosis and all the peculiar repair changes in reconstruction and defense which Nuclein will produce. It is indicated when the system needs real help—a physiological "bracer."

Tablets or solution; Standard bottle, each 35c.

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An efficient remedy, with proper diet and saline elimination, for all the manifestations of the uric-acid diathesis—lithemia, gout, gravel, nephrolithiasis, urinary hyperacidity, phosphaturia, rheumatism, lumbago, uric-acid eczema, etc.

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A bland oil, distilled from a deposit of animal, vegetable and mineral material at the site of an ancient medicinal spring. Indicated (its practically specific) in all parasitic skin affections. Eczema, Scabies, Acne, Ringworm, Barber's Itch, Carbuncles and all similar skin affections are easily cured by it, while for Poison Ivy, Prickly Heat and the irritations from Measles and Scarlet Fever, Ulcers, etc., it is the finest application possible.

One standard size only; per bottle, 35c.

Carbenzol Soap, per cake, 25c.

## CALCIDIN—Pure Calcium Iodized

Do not confound with the practically inert Calcium Iodide

Sufficient evidence has been presented in the medical press to prove the efficacy of this product in membranous croup and allied affections; as an abortive for agrippa, head colds, catarrhal bronchitis, hoarseness, as a resolvent in incipient phthisis, etc. Try it in fibroid tumors and hyperplasias.

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The "Waugh-Abbott Intestinal Antiseptic" is a mixture of the C. P. sulphocarbonates of lime soda and zinc, prepared by a special process that makes the Abbott product ready the test. It is indicated in all fermenting conditions calling for an antiseptic of the alimentary canal, and in "dose-enough" will do the work.

100, 25c.; 500, \$1.15; 1,000, \$2.25.

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This preparation in conjunction with Calcalith (see above), is particularly efficient in the treatment of the uric-acid diathesis and kindred affections. It is better for continued use than Saline Laxative supplemented with lithium and colchicine with which, however, similar results may temporarily be produced.

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Improved Formula: Aletrin, bryonin, caulophyllin, helonin, hyoscyamine and macrotin

This combination is useful, in fact, almost specific in all congestive pathological conditions of the pelvic viscera. It is of daily service and can be relied upon as a valiant "comforter." One every two to four hours, according to necessity. Sure relief for after-pains. Others imitate, but there are none like Abbott's: "Abbott's quality," that's why.

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## ANODYNE FOR INFANTS

Nickel bromide, gr. 1-134; codeine sulphate, gr. 1-67; powdered Ipecac, gr. 1-134; lithium carbonate, gr. 1-25; oil anise, gr. 1-134.

Indicated in flatulent colic, restlessness, etc.; 1 or 2 every fifteen to thirty minutes until effect; an excellent addition to aconitine in febrile conditions attended with cough and pain; should supplant all soothing syrups and be supplied by the physician himself in lieu thereof.

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## ANTICONSTIPATION (Waugh's Laxative)

Aloin, gr. 1-25; strychnine sulphate, gr. 1-500; atropine sulphate, gr. 1-2500; oleoresin capsicum, gr. 1-500; emetine, gr. 1-500; bilein, gr. 1-134.

Indicated in all forms of chronic constipation. A sufficient quantity (3 to 6 or more) should be given three times a day, to produce one daily stool, preferably in the morning, continuing steadily and reducing the dose as a curative effect is produced.

100, 10c.; 500, 30c.; 1000, 55c.

NOTE—Box of 20 vials filled, ready to dispense, (2,600 granules) a great convenience, \$1.50

## EUAROL (Euophen-Aristol with Petrolatum)

A mixture of equal parts of chemically pure euophen and aristol in fluid petrolatum. All material must be of best quality and absolutely non-irritating, or trouble will result. Extemporaneous mixtures are dangerous.

Recommended in the treatment of endometritis, prostaticitis, chronic gonorrhea, etc. It is a remedy of great utility and is widely used.

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**We are Headquarters** for Alkaloidal Granules and Tablets. We are originators. Our work is standard, dependable, always the same. There is none "just as good." If you want the best, get "Abbott's." Samples and literature on request. Like all successes we have many imitators. Always specify "Abbott's" on your prescriptions.

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It relieves itching and burning at once, controls inflammation and rapidly promotes the process of healing. It is an ideal antiseptic dressing for burns, and raw surfaces.

**ANALGESIC — ANTISEPTIC  
ANTIPHLOGISTIC**

Sample in Glass Jar to Physicians on request.

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Over six years in the practice of Osteopathy, treating a large variety of cases with a remarkable degree of success, and many cases cured when other forms of treatment failed.

The success of the treatment in so many bad cases demonstrates its necessity in the alleviation of suffering, which should be considered in the practice of medicine.

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## Original Communications.

### CHARACTER BUILDING.

By F. J. Petersen, M. D., Lompoc, Cal.

A short time ago I noticed an article in one of the San Francisco papers about a burglar donating his brain and body to some medical institution for the purpose of investigation, with the hope that the bacilli or germ of crime could be isolated.

I doubt that any medical men will take up this subject, because the dealing with and reforming of criminals will find no solution in the above.

This brings to my mind many observations I have made, and one particular one I shall give as an illustration, because it so impressed me at the time of the true cause of many crimes. That no germ is the cause of crime is certain; but it is a fact that heredity, pre-natal influence and environments are the three greatest factors in producing criminals and abnormalities of character.

A lady that was respected by almost every one, being a good wife, mother and housewife, had a son who at the age of eighteen years committed a cold-blooded murder.

Here was a case where most all the people argued that it was a positive proof that there was nothing in heredity or pre-natal influence. The environments had been good, surely this must prove that the devil was born in him.

Although many years ago, at a time when the writer paid a great deal of attention to the study of human nature, this case, on the face of it, appeared to be an exception. However, I was not satisfied with what I heard, and while in the town a few days, made it a point to call on the lady, telling her the object of my visit, and that it was for the sake of proving some scientific facts. Much as I doubted at first to get any light on the matter, the lady, with tears in her eyes, told me her story.

While she was pregnant, some gossipers (so-called would-be friends)

told her that her husband was too intimate with a certain young lady. This so preyed on her mind that she could not rest. She began to feel more bitter towards this particular young lady from day to day until it turned into hatred. Jealousy began to assert itself, and as time went along the only course for her appeared to be to kill the young lady, and thus get her out of her way.

As she was a woman of good character, although in her jealousy she did not shirk at crime, she prayed to God to save her from such a step. In course of time her child was born, the boy who at eighteen years brought such sorrow to her.

Here was a case of pre-natal influence, as she realized herself after the boy had committed such a cold-blooded crime. She blamed herself. I did not, as she was not aware of the influence she exerted at the time over her child. It eased her mind when I told her that the real cause were those gossipers. Punished they should have been for the crime they committed. They had no right to tell this to the woman while pregnant, even if it had been true. As it was, it eventually turned out to be false, and the gossipers by idle talk had committed a crime for which others had to suffer.

Many may ask why the boy was a criminal. The answer is easy. All those brain centers, that were almost continually abnormally engorged with blood, engorged these same centers in the brain of the unborn child. Thus these centers were abnormally developed in the child and the circulation too active. This is an illustration of pre-natal influence. It must never be forgotten that the foundation of character, traits and tendencies of the child depend on the activity, or rather abnormal engorgement, of certain brain centers in the mother while pregnant. These same faculties will be strongly or over-developed, according to force of impression, in the child. Therefore it is apparent that, no matter how bright a woman may be, if dull or inactive and not interested in anything during pregnancy, the child will not be as bright and active. On the other hand, women with less knowledge, if they are active in mind and practical during the time of pregnancy, the child will be active, bright and practical.

In all this it must be remembered and understood that environments should be carefully considered in a pregnant woman, especially the last five or six months. Deep impressions on certain faculty or faculties in the brain of the pregnant woman will make a deep impression on that same faculty or faculties in the brain of the unborn child. If this was generally understood, the benefit to humanity would be so great, almost too great to be comprehended by the public in general. I believe it is the duty of physicians to help enlighten the public in general on this

most important subject. It can thus be seen that pre-natal influence is our greatest factor in the foundation of character.

Environments later are an important factor, and as this latter is so well understood, it will not be necessary for me to go into details in the matter.

One fact I wish to mention in connection with the above subject, and it is this: In reforming especially young boys and girls, *do not tear down to build up*. Appeal to their good qualities, and make them believe that they are of some good in this world, and that they will do better yet in future. Work should be alternated with worldly amusements.

It would take too much space to go more into details or give further illustrations, but in order to make plain my object in writing this, I had to give some explanation.

Although partly theory as yet, to a small extent I have proven by practical experience that character or certain traits can be modified by proper drug treatment, and especially in the young.

For years I have experimented along these lines, but as opportunities are limited, progress will naturally be slow. However, my work has not been in vain, and I can say now that the time will come that we will be able to greatly assist in the reforming of criminals with drug treatment, especially in the young, as stated before. It requires a thorough understanding of the nervous system, faculties of the brain and action of drugs. The whole in a nutshell is to govern circulation in the centers that need attention. Faculties over-active must be inhibited; those that are not active enough, the circulation should be increased until normal. We thus will be able to do a world of good in assisting in character-building.

Although many may doubt that it is possible to assist with drugs in modifying many traits in character and tendencies, the fact remains that it can be done to some extent. If physicians will only carry on investigations along these lines, they soon will find out that much can be done. The time will come when the nervous system will be better understood, and when we will be able to inhibit or stimulate certain brain centers without involving other centers; thus we will be able to more or less control the action of any desired center or faculty of the brain.

In my limited experience along these lines I have found some drugs that in proper doses will influence certain faculties and centers without affecting others.

Investigation along these lines will in course of time result in finding remedies whose action in certain doses will be confined to certain centers or faculties. As soon as we are so far advanced as to be able to control any faculty as stated, much can be done to assist in modifying undesirable traits in any person, especially the young.

In the study along these lines it should be understood that minute doses in most all cases are required to affect certain centers without affecting others. Many drugs in the secondary form act in a general way, while in minute doses we may get action on special centers. To illustrate: The primary action of a drug may act just on a certain center. As we increase the strength of this same drug, it will begin to expand its action from that center, and as we still increase the doses, it finally will act on a large area, which is in direct connection or sympathy with the center we act on. This also explains, in treating physical ailments, that drugs that in the primary form act on a certain part or function of an organ, in larger doses it acts on the entire organ. Therefore, where only certain functions are to be corrected in an organ, while the others are normal, large doses will only depress or irritate the normal parts, as the case may be.

The same applies to the brain centers as well. In the near future I shall go more into detail of the matter. The subject is a large one, and the object in giving only a general outline in this article is to urge the medical profession to look into the matter, and thus help to develop therapeutics along these lines for the benefit of science and the welfare of mankind.

A deep study along these lines would also result in our ability to better control many forms of insanity, for the reason that central wrongs can be much easier isolated.

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## THE IMAGINATION A FACTOR OF HEALTH AND DISEASE.

By Alexander Wilder, M. D., Newark, N. J.

[Concluded from page 329.]

The fact is stronger than even Holy Writ that when the head is sick the whole heart is faint. Close to the seat and center of physical existence the passions are enthroned. Love and hate, hope and fear, confidence and distrust, are present with all of us. When they are in equipoise, none of them being active beyond harmony or defective beyond what is normal, the mind acts freely and without disturbance, and the imagination, its agent upon the body, is occupied with ideas only which are sane and wholesome. The body is then in health, and normal in all respects. But when any passion exceeds its proper bonds, it more or less distracts the will; and when the will is swerved from its due balance, thinking becomes perverted, and the imagination is subject to wrong impressions.

Thus illness is induced by apprehension, or by the fancy of being affected. Instances are on record in which individuals have become

seriously sick from the phantasy created by others, sometimes from experiment, but often by misdirected sympathy. One person believing another to be ill in some way, can frequently implant that imagination in him, and so bring about real disorder. Physicians have been suspected of infecting persons by "scares," or after this manner. Many an individual has been prostrated, paralyzed, and even has died outright, as the effect of fear or disordered fancy. Many are the recognized disorders which have a beginning in emotion. Fear alone, acting through the imagination, may occasion insanity, paralysis, transudation through the skin, disordered activity of the internal organs of the body, and even disease of the skin, erysipelas, and eczema. In epidemics the alarm is often more fatal than the pestilence itself. Sir Francis Galton attributes cancer to mental shock, and we can adduce examples to confirm the statement. That in such cases the imagination is active to assure their fatality may readily be supposed.

So true is it that imagination is prominent in these negative directions that it would not be very difficult to enumerate the different complaints along with the specific emotion by which they are occasioned. Every notion which we cherish has a peculiar mode of expression in the conditions of the body, perhaps healthful, perhaps unwholesome. Every false religious belief has its influence in the imagination, and so promotes unhealth. Thus does mind translate itself into bodily tissue. Macbeth, in the drama, when he was told that in the case of the patient with mind diseased and sorrow deeply rooted, medical treatment does not meet such cases, but herein the patient must minister to himself, is fully justified when he cries out passionately: "Throw physic to the dogs!" Certainly the physician who knows not how to eliminate from the imagination a rooted sorrow or a morbid impression has yet to learn the higher knowledge of his profession.

When, for example, the conception has become firmly fixed in the imagination of a disorder or the liability to it, the next stage is the external manifestation. The prevalence of epidemics is largely produced in this way by the distempered fancy of individuals. The notion that a particular form of disease is contagious tends accordingly to its dissemination. The imagination will carry it further than an infected person. Hence the disseminating of a "scare" is acting the part of an enemy of mankind.

In the matter of insanity it may not be prudent to speak very positively or dogmatically. But as everybody seems to have been more or less off the mental balance at some period in life, and as common sickness may be regarded as accompanied by abnormality of the imagination, it may be permissible to add something on that subject. It is a



characteristic of insanity that some disordered fancy prevails which the individual fails to resist. Yet where there is no incurable condition of body, it seems that even a lunatic can be treated successfully, and enabled to minister to himself. There is generally an hallucination, a morbid impulse of some kind. The disordered condition itself is the outcome of some injury, or of a distempered imagination. The individual is beset by the consciousness of wrong in some respect. The energy is paralyzed by a sense of being powerless, or he is aroused by paroxysms of fury, and the functions of the body are correspondingly deranged. Every passion or emotion which disturbs self-control is liable to bring about such a condition. Hence the suggestion seems proper that, while care and repose are imperatively necessary to enable the bodily constitution to recuperate, the individual may be set to the working of his own recovery. Let the endeavor be made to raise the sense of dignity and also approbateness. Let it be impressed upon him that by succumbing to trouble, raging with anger or jealousy, worrying over injury or misfortune, he is making a fool of himself. Assure him that he can get the better of his trouble, but that it will be through endeavors of his own.

Effort after effort may be put forth, and come far short of the desired result, even threatening total discouragement. But the analogy and example of King Robert Bruce's spider suggest persevering. Repetition of the effort will tend to concentrate the purpose of mind and intensify the energy till a complete self-control shall be attained. Remove the morbid conception from the imagination and encourage every effort in the right direction.

It is not a very wild notion that other maladies are after a similar pattern. Worry, itself a kind of insanity, is the source of a vast multitude of evils, and should be avoided with greater care than an epidemic. The various complaints may differ in form and severity, but their proper treatment will accord with what has been proposed. The higher principle will control the lower whenever the two are brought into conflict. This reasoning brings us back to the hypothesis of the "physician" quoted before.

"He said further," said Socrates, "that the soul is to be healed by magic charms; and he explained these charms, that they were suitable instructions by which self-control is engendered in individuals. When it is thus engendered and immediately present as a principle, it is easy to transmit health from the soul, both to the head and the whole body."

"Determined imagination is the beginning of the highest achievements," says Paracelsus. "Fixed thought is the means to the soul. The imagination is inaugurated and perfected through faith, for every

doubt interrupts the operation. Faith must confirm the operation, for it makes the will steadfast. It is because men do not perfectly imagine and believe that they are not certain."

We have carried the subject beyond our own range of thinking, but it indicates a world of important knowledge ahead of us.

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## FRACTURES AND DISLOCATIONS.\*

By Theo. Barnes, M. D., Charlton, Ia.

It is not the intention of the writer to treat specially or extensively any one or class of injuries included under this head, but will endeavor instead to press upon the general profession the importance of an accurate diagnosis and the most untiring care in the treatment of these, the most important and most common of all the severe injuries.

Important because of their frequency and results following. The definition and classification of both fractures and dislocations are to be found in all the leading text-books on this subject, hence require no repetition here.

The handling and care of fractures and dislocations is the surgery which most concerns the every-day practitioner.

It is the surgery he is called on to do, and as is most frequently the case, he can not, as in the more grave forms of surgery, rely on the city specialist to help him out of a difficulty.

No class of surgery demands a more careful study of its pathological conditions, a more perfect knowledge of anatomy, and a thorough exhausting of all the means for a correct diagnosis, and so careful and scientific and practical after treatment, as do the class of injuries under consideration.

We as a class who attempt surgery are inclined to study fully the technique of a laparotomy to be performed, but when called on to adjust a fracture, we give it but little thought.

If the "man behind the knife" makes a mistake, the mistake is usually buried, leaving the victim no chance to complain; his friends are usually quite ready to attribute his "taking off" as "an act of providence"; but such is not the outcome with him who has a poorly adjusted fracture or an unreduced dislocation crippling around his vicinity to ever remind him of his ignorance or carelessness.

Such cases are not only poor advertisements to the physician, but are a great source of annoyance and quite expensive.

The physician who is so unfortunate as to have a case of this kind on his hands is always in danger of a malpractice suit, and especially

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\* Read before the Iowa State Eclectic Medical Association, May, 1906.

is this the case if said physician has been fortunate enough to have accumulated a little property.

The review of the classification of five hundred cases of malpractice suits as tabulated by the Physicians' Defense Company, of Fort Wayne, Indiana, will suggest the need of a more thorough preparation for this kind of work.

"Of this five hundred, we find 75 per cent. are for dislocations and fractures. Of this 75 per cent., 60 per cent. are for fractures, the remaining 15 per cent. for dislocations. Of the 60 per cent., fractures to the leg and arm, including foot, fingers, etc., composed 58 per cent., the other 2 per cent. being distributed among fractures of bones in skull, ribs, spinal column, etc.

"Of the 15 per cent. composed of dislocations, dislocations of the arm comprise about 10 per cent.; dislocations to the leg, foot and hip comprise the other 5 per cent. The remaining 25 per cent. of claims are divided among general surgery and treatment.

"About 15 per cent. are for operations on the abdomen; 5 per cent. are for amputations, and the remaining 5 per cent. are for treatment and the neglect of treatment.

"There were three suits for false imprisonment in insane asylums, three suits for negligence in allowing insane persons to escape from hospitals, four suits for allowing sponges to remain in abdomen, one suit for allowing needle to remain in abdomen, and six suits for technical assault — that is, operations without consent."

It is not for us to say as to the merits or demerits of these cases, but in their review we can readily see the great need for a thorough preparation for this kind of surgery.

It is probably true that a great many of these cases of malpractice are simply "graft" or blackmail, or caused by the ill advice of meddling friends, or a shyster lawyer who is unable to make an honest living resorts to this form of "graft," or, as I am sorry to say, at the instigation of a brother physician, who has so far lost his manhood as to lend himself to such a cause.

It matters not what is the motive power behind these suits, the fact still presents itself that we have them to contend with; and the physician who fails to fit himself thoroughly for this, the *most* important of all surgery, must expect to ever have the shadow of a malpractice suit hanging over him.

The after-condition of fractures and dislocations should be carefully studied by every physician who pretends to do even a small amount of "bone surgery." By thoroughly understanding what may follow a certain injury and inform our patients or their friends, we are able to fore-

stall criticism, and sometimes prevent that more serious trouble, a suit for damages.

When examining a fracture, these questions will each in turn present themselves for a correct solution:

What bone or bones are involved? What portion of bone is injured? Does fracture extend into a joint? If a joint is involved, is the fracture complicated with a dislocation or not? Is it compound, comminuted, or possibly both? If compound, are there spicula of bone to be removed? What the extent of injury to the soft parts? Is there evidence of injury to blood vessels and nerves? If so, to what degree? Is it an impacted fracture? If so, should it be dressed in the position the accident placed it, or should the limb be returned as near to its normal position as possible?

Is the present deformity entirely due to the injury under consideration, or partially due to a former injury or deformity?

On a correct answering of these questions will our treatment depend. We should not fail to exhaust every available means to gain a correct solution to these sometimes very vexing questions. As an aid outside a thorough knowledge of the anatomy of a part and a history of the injury, the *correct* use of the X-ray may render invaluable aid, and should never be neglected when it is to be had, and there is any doubt as to diagnosis.

You will notice I said "correct use," for I am aware that in fairly competent hands information furnished by the X-ray is not always to be relied on.

If we fail to answer these questions correctly, our treatment at the best will be very poor guesswork, and should we obtain good results, we will probably have a great deal to thank nature for.

I am not going to advocate any special method of treatment, but will say to each and all who attempt the care of these injuries, "familiarize yourselves with the latest and best methods."

This is one class of work where we can take time between the temporary and permanent dressing of the wound to study fully the case in hand, and it is a duty we owe our patrons, it matters not how well we *think* we are prepared.

The failure of a fracture to unite may or may not be the fault of the surgeon. There is more or less danger of fat embolism complicating the fracture of all long bones, and this fact should be borne in mind when subjecting a fracture to much manipulation.

The deformities resulting from fractures will range from the imperceptible to that entirely disabling the parts.

Too tight bandaging can do great mischief in dressing of fractures, and should always be carefully avoided.

It is sometimes best to postpone the adjustment of a fracture for a few days, but during such delay the limb should be protected by temporary dressing.

Great damage to the future usefulness of a limb may be caused by keeping the part too long immobilized.

A close attention to the details of after-treatment will prevent a great deal of anxiety on the part of the physician, and may prevent a litigation in the future.

It is in the so-called after-treatment of fractures and dislocations that the general practitioner usually makes his greatest mistakes. As soon as the swelling will permit, he places his fracture patient in a permanent dressing and requests him to "report occasionally for inspection." Frequently these indefinite instructions are the ground-work for future trouble. Sometimes we find a physician who is so forgetful of his own and his patient's interest as to instruct him to remove the dressing after so long a time, thereby allowing his patient to escape from his observation without a knowledge of results obtained. The physician who is thus careless of his and his patient's interest is guilty of malpractice, and need not be surprised to wake up some time with a suit on his hands.

The majority of "poor jobs" in bone surgery that are really due to a faulty treatment can be attributed to the so-called after-treatment, or rather to lack of it, and not to the primary dressing or method used.

A fracture or dislocation on which the future comfort of the patient and usefulness of the limb is involved should be seen almost daily.

The surgeon should see that massage and passive motion are instituted at the proper time and in a correct manner. He should see that the dressings are serving the purpose intended, and that no undue pressure is being exerted in any place. If he deems it necessary to make a radical change in his manner of dressing a certain fracture, he should not hesitate to make the change. The age of patient should always be taken into consideration when dressing and caring for fractures.

Dislocations require almost, if not quite, as close attention as fractures, and frequently require closer attention during the after-treatment. Severe sprains should be considered in the same class as dislocations. Improper adhesions are frequent sources of trouble in sprains and dislocations, and should be prevented if possible. By breaking up these adhesions in old cases we are frequently able to greatly increase the usefulness of the joint.

Sometimes permanent damage is done by neglecting what seemed to be an unimportant sprain.

This paper has already grown too long, so will close by saying, after

you have given your patient the very best care possible under existing circumstances, make it a special point to see that *you* are not the prosecuting agent in a malpractice suit against your competitor.

He *may* belong to that class of men who believe in reciprocity and find an opportunity to repay you in the same kind of coin; besides, it is bad form to aid in prosecuting a brother.

Family quarrels are disgraceful, to say the least.

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#### LLOYD'S FOREIGN LETTER.—No. 4.

IN TRANSIT, ATHENS TO CONSTANTINOPLE,  
Steamer Dalmatia, May 21, 1906.

MY DEAR DR. SCUDDER:—I wish to try and describe for you a storm on the Sahara Desert. I have written one or two friends concerning this storm, and think the subject may be of interest to others.\*

After leaving Naples, I reached Smyrna in Turkey, where I left my family and started down through the Mediterranean, via the Suez Canal and the Red Sea, to Aden, Arabia, to study Mocha coffee and other products of that region. It is a long journey, nearly as far as across the Atlantic. After some weeks spent amid the torrid heat of this exceptionally hot country, (and exceptionally interesting, too,) I turned back again with my specimens and my notes. Not that I was tired, or had been satisfied with the Arabs and their exceptionally instructive methods and processes, but because the season of torrid heat, of disease and of quarantine, was approaching. To be caught in Aden, if the plague struck it, meant to stay in Aden until next winter.

When in a small boat I approached the steamer, the night of my departure, where she lay out in the Bay of Aden, I was kept an hour in the boat, not being permitted to embark. At last I was admitted, after I began to think I had put off my departure too long, for I feared the quarantine had commenced. Be it known, Aden has a very bad reputation as a pest-ridden place, and that in Aden the plague rages fearfully when it strikes the town.

After a journey of about fifteen hundred miles through the entire length of the Red Sea, our steamer reached Suez, which is the lower end of the Suez Canal. Here the ship was taken in charge by the *Quarantine Station*, and by a process most complete and rigorous, quarantine of the entire ship began. It seems that the ship came from Bombay, and was *herself* infected by the plague. That night, at midnight, together with nine other passengers who proposed to stop (in-

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\* I mailed the original as a letter to Judge Thompson.

cluding William Jennings Bryan and family), I was taken on a flatboat to the International Quarantine Station on the desert, up the Suez Canal. Here, whilst prisoners, the next night swept upon us the great sand storm that I shall now attempt to describe to you, as I have to others. Be it said that I aimed to make the description as nearly exact as I could, and that I read it to our party immediately after writing it the next morning, whilst the vividness of it all was fresh upon us. Be it also said that now, for the first time, do I comprehend the Scriptural expression, "weeping tears of blood," for the morning following the storm my blood-shot eyes and the spots of blood on the pillow attested the fact that the expression is not an empty ideality.

#### THE STORM IN THE SAHARA DESERT.

*In Camp, Sahara Desert, April 11, 1906.*

All day yesterday the sun shone in magnificent splendor on this desert land of Africa. He came up in the morning round as a circle; he rolled to the zenith with increasing energy, and from his place above looked directly upon us. It was as though, through a hole in the heavens, a molten glare of heat and shine were pouring down into our very selves. He did not shine *upon* us, as he does in other climes; he shot his rays *into* us, with a sting and prickle that was not heat, as seems the heat of other latitudes. A garment is no longer opaque; it has become transparent to the solar rays. A Panama hat is no more protection than would be a mosquito net against a Canadian blizzard. From noon to 3 P. M. he scorches the sand and burns the sandstone. Then he turns downward, and as the evening hour approaches, sinks with a splendid glow of brilliancy into the west, and disappears behind a range of sand domes that next silhouette the horizon, as though cut out of imperishable granite.

Round was he in the early morn, round and clear was he in the evening glow.

Now rises the moon; full and silvery she comes into sight in the east, more lovely than the sun, milder, kindlier, more humane. But she is not less perfect than her king. Catching the light of the tyrant of day, she sifts out the heat and tempers the ray. From her shadowed fullness beams that lovely female face, even more marvelously perfect here, more clearly defined, than elsewhere. The desert responds to the touch. It glows in the soft radiance, as though thankful for the sympathy of the kindly mate of the fierce tyrant. And now, under the soporific influence of the Queen of Night, sleep comes to us.

In the night, just when I do not know, came a low moan, like a distant sigh, such as I have heard at home when the wind dies down after a summer shower. It sounded from afar, but not from any one direc-

tion — seemingly it was an echo from out space itself. Then came silence. I arose and went out into the moonlight's brightness. Seemingly a shadow covered the face of the queen. Surely her form was less distinct; the contour of the female face was scarcely to be discerned. Then again the moan of the night; it was both near and far; it arose from nowhere, to be yet everywhere. Now it died away in a silence that seemed not less painful than the moan. I turned my eyes toward the moon. The female face was gone. Masked were the shadows and the high lights, gone was the sharp-cut edge of the circle that bounded her circumference. Seemingly she was disappearing in the ocean of night, as dissolves a bright new silver coin in a bath of quicksilver. I glanced towards the horizon. The sand domes were no longer to be seen. They, too, had dissolved. A strange sensation came over me; seemingly earth and heaven were sinking out of existence. Before my eyes all that is material was disappearing. Again arose that distant sigh, louder, nearer than before, but now it did not die away. Came a lull, and then, close following, another sigh, to be followed by another and yet another, each moan louder, nearer, than its fellow. Now the air about me moved, softly, gently. Were I not possessed by the influence of this spirit of watchful questioning I should not have noticed such a trifling touch. It was not a breeze, as I have met other breezes; rather it was a displacement of the atmosphere; perhaps a shoving of the earth would better express it.

Behold, the moon is gone; the earth, too, has disappeared. The horizon is shrouded in a gray mantle. Looms upward from the great desert a black wall that closes inward.

How little is man in the face of immensity! And yet to me it seemed that this sigh of heaven and this silent movement of earth is directed against the very spot where I stand, a helpless mortal. I turn and flee from the oppressiveness outside to the darkness of my cot. I creep beneath the blanket and cover my face, as when in childhood uprose the night forms when darkness came; but not to sleep.

The wind is now blowing, this indescribable wind of the African desert. It increases from a sigh to a moan. It rises in recurring waves, each interval of rest being followed by a more aggressive blast. It fairly howls in fierceness. The uplifted dust-cloud from afar surrounds me. It falls like flour upon me. To the touch of the finger, my exposed face feels like velvet. Draw close the curtains — vainly. That earth-flour sifts through crevices unseen. It seeks entrance where there is no opening, and covers both the animate and the inanimate. The blast laughs in derision, the dust turns to sand, and heaps itself about me as though in sarcastic delight. And so the hours pass.



No longer is it moonlight nor night, nor yet is it day. The time for sunshine is here, but there is no sun. The night has gone, but day has not come. The light of the moon has been imperceptibly displaced by another light, in which, seemingly, neither moon nor sun take part.

Gray is the shadowy nearness of the dust circle. There is nothing in the distance, nor yet is there any object close. The zone cloud is in a circle; dense is it to the right and to the left, to the east and to the west. The shifting sands are everywhere; thick and dry is the laden atmosphere. The lids of the eyes weep glutinous tears touched with blood; the throat cracks, the nostrils become like dry leather. The normal has become abnormal; that which should be, is not; that which should not be, is. Patient as the Arab must be he who sits and waits for the ending of it all.

Thus comes the storm king in the desert of Sahara. Thus rules this storm master, where, in the beautiful glow of the tropic moon, the heavens fade away and the earth disappears.

JOHN URI LLOYD.

### REPORT OF A SERIES OF TEN CASES OF DIPHTHERIA,

By Chas. J. Hemminger, M. D., Rockwood, Pa.

On February 14, 1904, was called to see Miss M., child eleven years of age; female; robust. On examination, found ulcerated throat, with involvement of post-nasal space. Temperature, normal. Pulse, 80. Prescribed internal echinacea  $\text{ij. } \frac{3}{4}$ , phytolacca  $\text{ij. } \frac{3}{4}$ , aqua q. s.  $\text{iv. } \frac{3}{4}$ ; teaspoonful every two hours. Gave gargle of listerine and peroxide of hydrogen, to be used every three hours. On the 15th inst. found throat swollen worse; membrane filling entire nasal space and uvula, with characteristic smell. Temperature, normal. Pulse, 78. Continued phytolacca and echinacea; changed gargle to solution of chlorate of potassium.

On 16th inst. found prostration extreme; pulse weak; membrane thicker and more offensive; membrane reached the larynx, causing dyspnoea. Prescribed strychnia, one-thirtieth grain every four hours; also brandy; unslaked lime was used as inhalation from the beginning of the treatment. Patient died on the eve of the 17th inst. of prostration and dyspnoea. There were eight other members of the family that had passed through a troublesome sore throat, and evidently this case, having impure blood, the resistance being low, developed malignancy.

Case No. 2.—Called February 21; child ten years of age; female; throat swollen; difficulty on swallowing. On examination, found patches in throat. Temperature, 102; pulse, 110; respiration, 28. Prescribed aconite with baptisia; prescribed brandy, two teaspoonfuls,

every hour, with gargle of diluted peroxide of hydrogen. February 22 patches double former size, considerable dyspnoea. Prescribed slaked lime inhalations. Continued the brandy, with injections of fifteen hundred units of Mulford's anti-toxin. Twelve hours after, on examination, found membrane disintegrating and losing its life. Continued inhalations and stimulants. Child recovered. During last part of treatment ferruginous tonics were given.

Case No. 3.—March 1, 1904, Mr. S., age thirty-three, merchant, felt malaise; soreness in throat, with white spot on left tonsil; throat swollen slightly. Temperature, 101; pulse, 100. Prescribed echinacea internally and as gargle; also sulphide of calcium, one-half grain every four hours. March 2, membrane spreading; throat more swollen. Gave two thousand units of anti-toxin in ten hours. Membrane softened and peeled off, leaving a red, raw surface. Prescribed whisky one ounce every three hours. Diet in all cases, eggnog, soft boiled eggs, milk, beef tea, gradually adding to diet as membrane disappeared. This patient was given 15 gtts. tr. iron in water every three hours. Made uneventful recovery in seven days. Had slight pain in precordial region, which was relieved by cactus.

Case No. 4.—Mrs. P., May 1, 1904. Had been attended by another physician for three days. He diagnosed and treated the case as tonsillitis. In consultation, informed him of the malignant condition, to which he reluctantly acquiesced. The case was almost indescribable. Pulse, 90; temperature, 102½. Throat swollen inside and out; inside so much that swallowing water was accomplished with extreme difficulty; outside, neck was one solid mass from lower jaw to clavicle; could open mouth very little; breath exceedingly offensive; entire tonsils, pharynx and part of palate covered with membrane. Prescribed poke root poultices to neck; phytolacca, 5 gtts. every three hours. All medicines prescribed were specific (Lloyd's) in all the cases. Tr. ferri 15 gtts. in water every two and one-half hours; peroxide and listerine solution in atomizer every three hours; gave injection of six thousand anti-toxin units, also i. 3 brandy every four hours, with castor oil for evacuant. May 2.—Case no better. Membrane the same; prostration worse; bad night. Continued former treatment, with injection of eight thousand units anti-toxin, Parke Davis', in eight hours. Two-thirds of membrane began to dissolve and come piecemeal away for forty-eight hours, when the other one-third of the membrane seemed stubborn and did not improve nor become worse. On May 4th another dose of three thousand units was given in eight hours. The membrane began to disappear very rapidly. Heart now became very weak and irregular; i. 3 whisky every two hours was administered. The iron chloride was

continued, 15 gtts. in water every three hours. Strychnia was continued. Patient left her bed on the 10th of May, contrary to my instructions, as I have found that it is bad practice to allow bad diphtheria cases to leave bed in less than ten to twelve days after membrane has left. On the 14th of May a general paralysis set in, except cranial and pneumogastric nerves; had to be fed entirely; motion lost, while sensibility remained in most of the body. Treatment consisted of stimulating local applications, massage, nux vomica, and in twenty-four days recovered, with impairment of vision — myopia. In one month she regained strength, and has not been sick since.

In this family were nine children. At the end of seven days following the incubative stage of former case two boys, aged respectively eight and ten years (these are Cases 5 and 6), complained of sore throat. On examination, found patches on right tonsil in each case. The common premonitory symptoms accompanied, malaria, headache, and vomiting; throat considerably swollen on affected side. Administered fifteen hundred units anti-toxin; gave 15 gtts. tr. ferri three times daily; peroxide, 20 per cent. in atomizer used every four hours. In twelve hours membrane was entirely gone, leaving depressions in tonsils where patches of membrane had been. In two days they left their beds and remained well. The other seven children were now given one thousand units to immunize them, which it did, as no more cases developed at this time. But one year later a malignant case developed in same family, but by giving thirty-five hundred units of anti-toxin, and listerine, peroxide of hydrogen, with atomizer, recovery was complete in forty-eight hours. (This is Case No. 7.) This time the entire family was given immunizing doses of one thousand units each. There were no further developments, and this much-diphtheria-ridden family has not had diphtheria since.

Case No. 8.—May 5th Mr. S., eighteen years of age, attended a funeral of two children, having died from what the attending physician termed croup. From this unfortunate circumstance a series of forty cases developed. Mr. S. became sick on the 13th of May. Malaria, sore throat, headache, backache, vomiting. On examination, found a gray membrane on both tonsils, dotted with black spots. Temperature, 102; pulse, 105. Administered anti-toxin, three thousand units; also gave echinacea with phytolacca; castor oil as cathartic, which was given in every case where a cathartic was given. May 14th, no better; membrane somewhat enlarged. Continued phytolacca with echinacea, also atomizer with peroxide dilute; began tr. ferri. Gave fifty-five hundred units anti-toxin. On May 15th very slight improvement. Gave six thousand units anti-toxin. Continued former treatment. Convalescence was rapid.

Case No. 9.—July 17th was called to see child aged five years; female; history of headaches, backache, vomiting, malaria. Child could scarcely swallow a teaspoonful of water; was cyanotic; pulse rapid, irregular and weak; dyspnoea extreme; coma marked; neck very much swollen. Child died one-half hour after my arrival, no treatment having been given.

Case No. 10.—At the same time a boy four years of age complained of being ill. On examination, saw membrane one-half the size of penny on right tonsil. Gave fifteen hundred units anti-toxin, with no other remedies. In twenty-four hours child was well. At same time eight other children of same family were given immunizing doses. No more cases developed.

I have treated fifty-one cases of diphtheria, with two deaths, forty-five of them being of the malignant form, six being of the ordinary form.

#### CONCLUSIONS.

1. That antitoxin is as near a specific for a specific pathological condition (diphtheria) as any that we possess.
2. The earlier the antitoxin is used, the more definite the action.
3. That stimulants and antiseptics specifically selected form an excellent adjuvant to the treatment.
4. That temperature is no criterion to the malignancy nor prognosis of the case.
5. That there are no sequelae following the use of antitoxin.
6. That since the universal use of antitoxin the mortality has dropped from 40 to 50 per cent. to from 2 to 8 per cent.
7. That many times diphtheria develops spontaneously, without there being any in the community.
8. That frequent gargling aggravates a diphtheritic throat, increasing soreness, while the atomizer applies medicine directly to diseased parts.

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EDITORIAL NOTE.—Having gotten such good results from the use of antitoxin in his treatment of diphtheria, we are not surprised that the author is a firm believer in the agent. We can not agree, however, with the doctor in the fifth and sixth of his conclusions, for there is abundant evidence that, while good results have attended its use, many very unpleasant and even serious results have followed its administration.

That the mortality has been reduced from 40 to 50 per cent. to from 2 to 8 per cent. is certainly far from proven. If, however, the doctor can cure from 92 to 98 per cent. of his cases with antitoxin, we heartily congratulate him, and suggest he continue his investigation of the remedy, being positive, however, that he has true diphtheria, when he makes his next report.—R. L. T.

**REMITTENT FEVER.\***

**By R. E. Sawyer, M. D., Bokchito, Ind. Ter.**

It is not the purpose of this paper to go into the minute details of all diagnostic symptoms and treatments recommended for remittent fever, but, on the other hand, to briefly outline a common case of this fever, giving some of the most prominent symptoms, and one way of meeting them.

Remittent fever, like most other diseases, is burdened with names, among which are found bilious remittent fever, continued malarial fever, jungle fever, etc., either of which may be used at this time.

This is purely a tropical disease, and said to be caused by infection from the estivo-autumnal parasite. It differs much in character, being most severe in low, marshy and warm districts, while in temperate parts of the country it is usually mild.

The disease begins in the latter part of the summer and extends through the fall months, when it begins to grow less severe. At the beginning of the winter it is practically unheard of in the temperate regions, although in the warmer countries the disease is found throughout the year.

The pathology of this disease depends upon the length of time the patient has been infected and the frequency of reinfections. The spleen, at first soft and swollen, soon becomes hard and firm, the liver, though only slightly congested at first, becomes pigmented, and takes on a bronze color (known as bronze liver), which is characteristic of this disease.

The symptoms are many and varied. At first the patient usually complains of shortness of breath, weariness, and indisposition to follow his usual vocation.

Epigastric oppression. The tongue is covered with a pasty white coat, which becomes more or less yellow toward the base; the appetite disappears, and the patient complains of a bad taste in the mouth; nausea and vomiting frequently occur.

The bowels are costive; the urine is scanty, and may or may not be high colored. Bile is often found in the urine. The back and lower limbs feel heavy and tired. The head feels full and heavy, with more or less pain.

A chill generally occurs in the onset, though frequently of a mild character, and at times only a sense of coldness. A shudder or slight chilly sensations pass over the body, soon to be followed by flushes of

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\* Read before the North-Texas Eclectic Medical Association.

heat; these may appear every fifteen to thirty minutes, and continue for one or two hours before the reaction begins.

After the chill the temperature rises rapidly to 105 or 106. The thirst is intense; the skin dry and hot; eyes red and suffused; respiration hurried and heavy; the pain and oppression in the epigastrium is severe, followed by nausea and vomiting. After two or three hours slight perspiration appears on the forehead and about the neck, gradually extending over the body; the temperature decreases, and headache, restlessness and vomiting subside.

During the few hours of remission the patient is comparatively comfortable, though the temperature never reaches normal. If the patient is not properly treated, the following day finds him with all of the symptoms of the preceding day repeated. If the case be neglected for a few days, the paroxysms grow longer and the remissions lighter, simulating continued fever.

The diagnosis of remittent fever is easily made. The single chill and the remission as shown by the thermometer, and the clinical picture presented by the face, will often make the diagnosis easy.

The prognosis is favorable. Seldom a case proves fatal. Where properly managed, we expect our patient up in five or six days.

In beginning the treatment of remittent fever, I try as nearly as possible to give the indicated remedy. If I see the case during the febrile stage, and find the tongue heavily coated, patient nervous and complaining of severe pain and oppression in the upper gastrom, ten to twenty drops of specific lobelia in half glass of warm water is given every fifteen minutes until free emesis is produced; then I often pulverize a pill made by Dr. C. H. Simpson & Co., Newark, Ohio, and give one of these powders every two hours until the bowels move freely. If the tongue takes on a furred coat, urine high colored, tenderness and pain in the region of the liver, stools thin and clay-colored, specific ceanothus, drops fifteen to twenty every three or four hours, is given. Often I have tried small doses of calomel, to which one-eighth grain of podophyllin is added, and received excellent results.

During the height of the fever, sponging the surface with tepid water, while an assistant uses the fan, often proves very satisfactory in lowering the temperature. A few swallows of hot water often allays the gastric symptoms and assists the perspiration.

Almost every physician has his favorite fever tonic. I have given specifics aconite and gelsemium repeatedly and received no results. My fever tonic is usually specific lobelia, specific asclepias, and specific jaborandi, of each from one to two drachms, water four ounces; dose, teaspoonful every one, two or three hours, until fever is reduced. For

the enlarged spleen, I use specific polymnia and specific ceanothus, of each drachms three, water four ounces; dose, one teaspoonful every four hours. Polymnia ointment applied locally twice per day has always given me good service in reducing the size of the spleen.

When the stage of remission is begun, I begin the following: Quinine sulphate, drachm one; pulverized capsicum, drachms two. Of this I fill a No. 1 capsule, and give one capsule every two hours, beginning at 2 A. M. on the following day, and continue until noon the same day. If the fever returns on the following day, I then repeat this prescription.

Now, if there is no fever by the beginning of the third day, I usually make a tonic like the following: Quinine sulphate, drachm one; tincture muriate of iron, drachms four; Fowler's solution, specific nux vomica, of each one-half drachm; glycerine, one ounce, and water q. s. to ounces four. Dose, teaspoonful in a little water three times a day. So far I have met with excellent results from this treatment. However, any criticisms or suggestions offered will be kindly received by the writer.

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### ECLECTIC MATERIA MEDICA STUDY.

By A. W. Hobby, M. D., Sidney, O.

I have read with much pleasure and benefit the "Monthly Retrospect of Eclectic Materia Medica" in THE JOURNAL, and am glad indeed to see that department so well cared for.

We Eclectics are considered authority on vegetable therapeutics; indeed, as a friend of mine recently wrote, we are specialists therapeutically.

Now, in all churches, societies and organizations there are *backsliders*, i. e., members who change their opinion either voluntarily or by external influence, and denounce their former faith. The church and society member who backslides is one who does not attend the meetings or follow the precepts of his teacher, and the political deserter is a result of both external and (liquid) internal influence.

This shallow philosophy is easily comprehended, but, *Why do Eclectic physicians desert specific medication?*

As a rule, they do not, but occasionally we meet one who has reached a position remote from the teaching of his Alma Mater. I am inclined to think there are too few retrospects of eclectic materia medica and reports of cases in our literature. Another causative factor of desertion in our ranks is the traveling representative of manufacturing chemists. On an average of once each week some smooth orator drops into

the office and orates volubly on the virtues of his specialty, which is usually a conglomeration of ordinary drugs with a "high-falutin" name and a correspondingly elevated price.

More recently the tactics of the patent medicine vender are employed, and we are asked if we haven't a case of eczema, dyspepsia or rheumatism that is not relieved by the ordinary methods. If so, just try this sample.

True, Eclectic journals come to our desk and extol the virtue of specific medication, but few writers can produce the argument on paper that the drug represented can personally. The point I wish to make is, there never has, nor ever will be, enough said about the value of specific medication.

Now, the above is only a spontaneous spasm of mentality occurring as a preliminary, and incidentally as a modest excuse for what follows.

Fragrant sumac has proven of great value to me recently, and in a field which, if generally known, is not reported.

Two years ago I prescribed it for a lady patient, aged thirty-two; married; two children; youngest, age eight years; the conditions suggesting its use being diabetes insipidus, with the neurotic complications usual in such cases. The polyuria was greatly relieved, the neurotic symptoms cured, and a dysmenorrhea dating back to the birth of the last child disappeared entirely. Since then I have used fragrant sumac in all cases of painful menstruation, not anticipating a cure in all, but to ascertain, if possible, which were sumac cases, procuring benefit in all and an undisputed cure in most cases.

Certainly it was not administered in the necessarily surgical cases, the ones depending on strictures and lacerations of the cervix, marked flexions, etc., but my observations lead me to believe that this very common remedy has more value than has ever been accorded it in functional dysmenorrhea. The indications, as I find them, are spasmodic, constrictive uterine pain, appearing before the menstrual flow, ovarian neuralgia during menstruation, pain starting well into the side and shooting towards the cervix, the pain relieved by quietness in the recumbent position, the one described as "cramps" and "pain away down low," with frequent desire to urinate. It seems to act equally well on married and unmarried females, especially the neurotic, full-blooded, emotional patient, who feels exhausted, who says she is nervous, who looks well, but is really debilitated; the one who can not stand straight because of pain and weight in the pelvis; the one who goes to bed with menstruation.

This, however, is no quick relief agent; in fact, but little benefit may be had the first month; but its action becomes apparent after the first month, and positive if continued three or four months.



In conclusion, I believe with a fair line of specific medicines the general practitioner has but little use for anything else; also, that fragrant sumac, when indicated, is one of the most reliable weapons at our command, and that inasmuch as the opportunity for its use in menstrual disorders is legion, it deserves a careful study.

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### AN ILLUSTRATION OF HALF-DAY'S WORK.

By W. R. Fowler, M. D., Pottsville, Texas.

Sometimes we go along with our work — a great deal of sameness about it all — when all at once we will be confronted by a half-score, perhaps, of cases of unusual interest. A report of a recent half day's experience may be of interest.

First, a visit into the country two miles. Miss Julia P., age twenty-five; teacher; having been "struck" a few days before on her right eyebrow with a pecan. An iritis had developed. Slight fever; pain in the eyeball; photophobia; immobile pupil; iris pinkish; tongue heavily coated; breath offensive. Treatment: Darkened the room; instilled into the eye a few drops of a solution of atropine sulphate, gr. ij. to water ℥j. Repeated it in half an hour. Result, pupil well dilated. Ordered hot boric acid lotion; also, heat applied by hot bran sacks, just large enough to cover ocular cavity. Each two or three hours ordered two drops of solution of adrenalin chloride. Gave brisk cathartic — sodium sulphite, gr. v., each three hours. Fluid diet; quiet in bed.

Second Case.—A little girl six years of age, standing near where her eight-year-old brother was chopping wood, was hit with the blade of the axe just below the malar bone of left cheek, just touching the bone; cut a wound three inches long, down to superior maxillary bone. Treatment: Washed the wound in hot carbolized water; dried thoroughly; dusted with prod. campho-phenique, stripped with isinglass plaster, compress of absorbent cotton over all, fastened in place with strips of adhesive plaster.

Case Three.—A boy, aged five years, was brought to my office who had been suffering with frequent hemorrhages from nose, and a very offensive discharge from nose. Had been treated by another physician for four months for nasal catarrh. Upon a thorough examination I felt sure there was a cause operating which had not been removed. After a half hour's cautious and persistent work, removed a piece of a No. 4 cork — about two-thirds the entire cork — which had been in the nose over four months. A hot boric acid wash then cured the nose-bleed as well as the catarrh.

Case Four.—Child one year old. Temperature, 102; hoarse coughing; considerable bronchial rales; tongue slightly coated; rapid breathing. Gave calomel, one-tenth grain, each hour for ten doses; sp. aconite gtt. x., tartar emetic gr. ss., aqua  $\text{℥}$  iij. Mix. Sig.—Teaspoonful each hour for three or four doses, then two hours. Comp. emetic powder to chest on tallowed cloth. Ordered plenty of water and quiet.

Case Five.—Visit one mile into the country. The patient, a man aged thirty, strong and robust, he having had a small tumor removed from his face in a neighboring town. The wound having healed, he was advised to leave off all dressing and coverings. On his return home, twelve miles, one cold evening, his face was very cold, and soon afterwards the wound began paining him. This was five days before my visit. Found tissues badly swollen, purplish red color; pain of burning character; temperature, 105° F.; tongue heavily coated a dirty white; bowels constipated; headache; very restless; some delirium. Diagnosis, erysipelas. Treatment: Sp. veratrum gtt. xv., sp. gelsemium gtt. xxx., aqua  $\text{℥}$  iij. Mix. Sig.—Teaspoonful each hour for five doses, then two hours.

Gave capsule containing pod, gr.  $\frac{1}{8}$ , calomel gr. 1-10, ex. cascara gr. j. Ft. Sig.—One at 12, 2, 4, 6, 8, each evening, followed by saline of morning. Gave also gr. v. sodium sulphite each three hours.

Locally, applied plumbi acetat  $\text{℥}$  ij., acid carbolic gtt. xxx., aqua  $\text{℥}$  iij. M.—Apply often during the day. At night ordered antiphlogistin. Allow to remain on over night. Fluid diet, and plenty of water to drink. After two days' cleaning out, gave tr. ferri chlor. gtt. x. each three hours.

In this case the face was unrecognizable. Scalp, ears and nose as large as a man's fist; eyes swollen shut. Still we had a perfect recovery.

It is not often that a country doctor has so many interesting cases in one-half day. This admonishes us to be always ready for any emergency. Often cases calling for our best skill are coming to us when we are least expecting them.

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## OBSERVATIONS.

By Floyd Clendenen, M. D., La Salle, Ill.

It is surprising to read what some doctors write in our medical journals. When a doctor makes assertions like the following, he must be laboring under a grave misapprehension of the facts, and if he gets pretty sharply criticised, he must conclude he is getting what is justly due. One writer says specific tincture of aconite, veratrum and gelsemium are of no value in intermittent fever. Then King, Scudder and

other men of conceded ability were in an error, to say nothing of hundreds of experienced practitioners, the humble writer included. One of the same writers tells us that acetanilid is a very dangerous drug, and that its use has been abandoned even by the old-school physicians. Now, we have used acetanilid in our practice during the last fifteen years or more, and in no single instance have we observed any bad effects. True, we used the drug carefully where we thought it was indicated, just as all good Eclectics do. And as to acetanilid killing thousands, we will accept that statement, if at all, with a grain of condiment. And another writer has not learned that jaborandi with gelsemium, given freely, is specific in membranous croup, and also in diphtheria and diphtheritic croup, and he recommends old, not up-to-date, remedies in these ailments. Evidently some of us Eclectics are a little off on our treatment.

A writer tells us (we wonder how he learned so much!) that epithelioma will yield to the treatment by X-rays better than *any other known method*. It is very evident to some of us that the doctor does not know *all* about all other methods of treatment of cancer. We have had a very wide opportunity to observe the action of X-rays in the treatment of cancer, and in *no single instance* have we seen cancer cured by the X-rays treatment. But we *have* seen scores of cases where irreparable injury was done by the X-rays, the soft and hard tissues having been destroyed and much irreparable injury done. But in *no instance* did it cure cancer, not even epithelioma, the easiest form of cancer to cure. The X-rays, like the knife, has no place in the treatment of cancer. We know, from a very wide experience, just what we are talking about in this treatment of cancer. We know that external cancer is *readily cured* when taken in time and properly treated; not only external, but cancer in the mouth also can be cured; but, unfortunately, we do not know of any cures having been made of cancer of the stomach, liver, or other internal viscera. But to say that the X-rays is the best known treatment for any form of cancer is to excuse our ignorance as to what is the best treatment, and what has been done outside of our narrow sphere of observation in the way of treating this loathsome, too often deadly, disease.

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In cases of hematocolpos and hematometra it is essential to precede all interference by a careful rectal examination, in order to determine whether the tubes are distended or not. If hematosalpinx exists, a laparotomy and salpingectomy must precede the vaginal operation, otherwise a severe peritonitis may be set up by a reflex discharge of infective secretion from the tubes.—*American Journal of Surgery*.

## LOCAL TUBERCULOSIS.

By W. B. Church, M. D., Cincinnati, O.

Less than thirty years ago Koch demonstrated the bacillus of tuberculosis. Perhaps the etiological relation of this germ to the different manifestations of the great white plague has been more generally accepted by the profession than any other fact of bacteriology. It would be a reflection upon the intelligence of this gathering of the foremost Eclectics of the country to assume that any of its members still oppose the doctrine of the bacillary origin of tuberculosis. The evidence of the causal relation is so complete it has greatly contributed to acceptance of the theory of germ origin of many other diseases. It is fortunate we can take this important fact of etiology for granted. That for once we need fear no Ephraim will be so joined to his idols, or any fossil so rooted in his bed, as to deny this fundamental fact. We can, therefore, base all we have to offer upon this hypothesis, which is no longer hypothetical.

No disease so amenable to treatment fills so much space on the death roll.

It is becoming common to assert the curability of tuberculosis. The people are very tolerant of us, and patient with us. They very readily accept our claims as to what can be done, and grant ample time to bring it about; but they are deeply concerned, and in this instance it would seem likely they will soon ask why we don't, if we can? why we permit so many to die? All must admit that our pretensions are sadly in need of statistical evidence for support. Slight credit will be given for abilities that are not put to practical use and demonstration. All will admit, too, that, although diffuse and pulmonary forms of the disease are often hopeless at any stage, the great majority of the cases of local tuberculosis can be radically cured, with no subsequent deformity.

It is to these cases your attention is requested. The majority of crippled and deformed children are made such by tubercular disease. It is not too much to say that ninety-nine out of every hundred of these might have been prevented. Time would not permit consideration of the history, histogenesis and pathology of tuberculosis, nor is it necessary. These matters are treated *in extenso* in the various text-books. The purpose of this article is to direct attention to practical details of diagnosis and treatment. There is no claim for originality, but a desire to make it more certain that our increase of knowledge shall be applied, and in the hope of contributing in a slight degree to reduce the number of victims. In this, as in all pathological conditions, diagnosis must precede treatment.

Nothing is gained by preposterous claims. It must be admitted that, as patients afflicted with phthisis are usually hopeful, most physicians giving special attention to the treatment are equally optimistic, and even extravagant, in their prognoses and proclamations. Although nothing of striking importance has yet developed, it is quite reasonable to expect that very much will be accomplished by the increased interest and enthusiasm aroused. If in no other way, there must at least result such an increased diffusion of knowledge of the conditions favoring implantation of the germ on the one hand, and those affording immunity on the other, as to secure prevention, which is, after all, better than cure. It may well be that along this line lies the chief hope of banishing the scourge.

Heredity is surely an important factor. And not sufficient importance is yet attached to its infectious character, although much good has already been accomplished by restricting indiscriminate spitting, and destroying in different ways objects carrying infection.

The lungs are most exposed to infection, consequently pulmonary tuberculosis is the most frequent form. The bacillus is so universally distributed that exposure results necessarily from breathing dust-laden air. Every one is necessarily almost constantly exposed. The external surface or skin and all internal organs and cavities are lined with epithelium, which is not easily penetrated by pathogenic germs, so long as it presents an unbroken surface, and is otherwise in normal condition. But if a congested condition, or catarrhal state, exists, the protection is much diminished. This explains the long-observed fact that consumption is apparently caused by taking cold. The swollen, congested and weakened mucous membrane is no longer impervious to the bacilli. They are quick to avail themselves of the favoring condition. They no sooner pass the barrier than the irritation of their presence sets up inflammation. Their further power to injure the organism they have invaded depends on the vigor of the normal cells, or, in other words, on the natural resistance. Uncomplicated tuberculosis is a self-limited disease, with a tendency to complete evolution and spontaneous recovery. Unfortunately, the pulmonary form is sure to become complicated, forcing the bacilli, and producing a mixed infection. If the consumptive could be supplied, in the early stages of the disease, with air absolutely free from germs, he would have an excellent chance of recovery. He would escape most of the unpleasant features, the chills, fever, sweating, anorexia and emaciation. This affords a good illustration of the way in which exact knowledge explains and enforces the inferences drawn from empirical observation. Careful observers, years ago, when obliged to draw all their conclusions from clinical observation, agreed

that cold abscesses should not be opened; that it was good practice to wait months, or even years, for their contents to be absorbed. There was a strong prejudice, also, against attempting to check or dry up any chronic discharge, as in otitis media purulenta, or in anal and other fistulas; because, if dried up, "it would go to the lungs," and cause consumption. It is well not to be too hasty with our ridicule of our medical forbears. They were keen, shrewd, wise men, trained by constant experience in tracing causes and effects. They had frequently observed the sequence which led them to refrain from interference; that is to say, they had often seen consumption as a sequel of suppression of a chronic purulent discharge. They had also seen many similar cases continue for years untreated without very serious detriment, a percentage even recovering spontaneously by cessation or absorption. It was a matter of common observation, too, that chronic so-called cold abscesses, when left to take their course, often recovered spontaneously, with permanent restoration of the general health. Whereas, when opened, either spontaneously or with lance, the general health became at once interrupted by chills, fever, sweatings, emaciation, and debility, followed by years of invalidism and often fatal exhaustion.

[To be Continued]

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## Seton Hospital Reports.

PROF. L. E. RUSSELL, SURGEON.

[In making a report of the Hospital Clinics, the case number refers only to cases operated upon that are deemed of special importance to the readers of the Journal, and bears no reference to the hundreds of other cases that pass through the Clinic during a making out of the Seton Hospital Reports.]

CASE 105.—Mrs. S., mother of three children, the youngest eight months of age, was brought from Williamsport, West Virginia, by her family physician, a member of the allopathic profession. The doctor had made a diagnosis of recurring appendicitis, the second attack recurring within two weeks, and within twenty-four hours following the second attack the patient was on her way to the hospital for operation.

In the preparation of the patient by the administration of sulphate of magnesia, much of the soreness and temperature had departed, and the patient on the morning of the operation hesitated about submitting to the appendectomy, thinking that she had fully recovered.

After the patient was properly anesthetized, by careful manipulation the enlarged appendix was fairly well made out. An incision in the median line two inches in length soon revealed the true condition of the appendix, which had developed gangrene, and had the operation been delayed many hours, it would surely have resulted fatally, on account

of a septic peritonitis that invariably obtains in gangrene of the appendix or intestine.

After the appendix was removed, the immediate surrounding tissue was carefully washed with salt water, and this followed by dilute alcohol. The stump of the appendix inverted and invaginated.

The abdominal wound was closed after the usual method, patient placed in bed, and made an uneventful recovery, never having two degrees of temperature above normal from start to finish.

CASE 106.—Mr. K., referred to the clinic by my assistant, Dr. J. Stewart Hagen, on account of intense soreness in the right abdominal region.

The man, medium in size, weighing about one hundred and sixty pounds, lost thirty-odd pounds in the last six months, and had been treated for two attacks of supposed typhoid, which were undoubtedly referable to the appendix lesion.

The patient was properly prepared, and a central incision one inch below MacBurney's point into the abdominal cavity soon revealed the lesion of the appendix, which had been bound down by inflammatory conditions, interfering with the proper functions, at the head of the pole.

The patient made an uneventful recovery within the two weeks' time, and will undoubtedly regain his lost weight.

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#### **SURGICAL SUGGESTIONS.**

No operation for sterility in the female should be performed without first excluding sterility on the husband's part.

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A hematoma may be produced in the calf muscles by direct or indirect violence that the patient may pay little attention to at the time, or even fail to recall.

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Most cases of sudden, unexpected hemorrhage from the urethra are due to malignant disease, but it is well to remember that there are cases of genito-urinary tuberculosis in which such a hemorrhage is the first symptom.

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Swelling of the leg, associated with febrile disturbances, may be produced by hematogenous infection of a hematoma of the calf muscles. Such a condition may somewhat simulate osteomyelitis or other serious condition. It may be differentiated, however, by the location of the greatest tenderness and swelling, and by a careful inquiry into the history. If no distinct traumatism is recalled, the condition of the patient's arteries may nevertheless suggest the possibility of the occurrence of such a hematoma.—*American Journal of Surgery.*

**Monthly Retrospect**  
—OF—  
**ECLECTIC MATERIA MEDICA AND THERAPEUTICS.**

BY HARVEY WICKES FELTER, M. D.

**INFALLIBLE CURE FOR SEASICKNESS.**—Every year we hear of the value of some new sure remedy for that bugbear of marine travel, seasickness. Many Eclectic physicians have lauded gelsemium for the relief of this unpleasantness, while the Homeopaths praise cocculus. A simple cure is now proposed by Wolf (*Wien Klin. Woch.*). According to this authority, writes the talented editor of *The Medical Age*, "after several centuries of fruitless effort, after hope and despair painfully alternating and recurring, the infallible cure of seasickness is found by this learned Austrian professor to consist of hot compresses to the brow." The procedure is as follows: When on a voyage we begin to feel uncomfortable, stretch out immediately full length on a sofa or steamer rug on the deck, loosen all clothing at every point of pressure, and if a woman, remove the corset. Two towels and a vessel of very hot water are now to be procured. The towels are dipped into the water and applied as hot as can be borne, rapidly and alternately. Badly tolerated at first, these compresses soon impart a sense of well-being. The treatment, however, should continue beyond this point, keeping in mind to apply the compresses as hot as can be borne. "Eating, dieting and smoking," says the reporter, "do not hinder the beneficent effect of this cure, and after half an hour, or even an hour, of this all danger of seasickness is overcome. This prescription ought to be followed very rigorously to prove successful. The invalid should not drink anything during the treatment until he experiences a true thirst. At first he should take a little tea without milk, and a piece of toast. After two hours he can eat tranquilly whatever the ship commissary provides for him."

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**FERRI FERROCYANIDUM.**—A writer in *The Medical Times*, who is not named, but quoted in *The Chicago Medical Times* for June, reports success in malarial chills from the use of iron ferrocyanide, or prussiate of iron. Of course this is not new in therapy. It is simply one of the many agents that have appeared from time to time in the history of the therapy of malaria. There are many who have indorsed this remedy in terms not less laudatory than the writer referred to, and undoubtedly it has a place in treatment. Others deny that it has any therapeutic value. The reporter says: "As an antiperiodic, there is no agent that will act with more certainty than Prussian blue. It may not act so



rapidly as quinine in some cases, but I consider it more reliable, and it will effect a cure in many cases where quinine has failed." The illustrative cases reported are three — all married women — one with functional heart disease, one with phthisis, and another with intermittent fever, following la grippe. The malarial "chills and fever" predominated in all. It is fair to presume that at least two of these cases were anemic. May this not explain the efficiency of the ferruginous medication? The ferrocyanides are harmless, and may be given in large doses. At one time one of the most prominent of Cincinnati's physicians prescribed tablespoonful doses of a saturated solution of potassium ferrocyanide, or *yellow prussiate of potash*, as a tonic. For some years it was in vogue, and then it practically dropped out of therapy. Its specific therapy was not found, and therein yet lies an opportunity for some careful student of drug therapy. May not the iron salt have gained its former reputation more through association than through its own intrinsic virtues? It is conceded by all specific medicationists that quinine meets periodicity when there is lack of marked nervous irritability, open, free circulation, and moist and clean tongue; there are yet others who contend that malaria alone is sufficient to warrant its employment. At least, all schools use it in malarial manifestations, and much larger doses were formerly employed than now. In the days of the building up of the virgin tracts of our country, *ague* was the bane of the people. For its relief they were indiscriminately loaded with heroic doses of quinine. Specific medication was not known then. Naturally, some cases appeared to be aggravated by the quinine, which undoubtedly exerted profound physiologic effects when given in such large doses. For some reason, at any rate, the laity conceived an aversion for quinine, and the popular fallacy that quinine was injurious and would be deposited in the bones obtained full sway. In some localities it was not safe to prescribe quinine if the patient knew it. Then it was that an enterprising Eclectic, probably in those days of school warfare glad of the opportunity of fostering the popular prejudice, undertook to disguise quinine so that he might continue to get its beneficial effects. Casting about him for a suitable body as nearly inert as possible, he selected *Prussian blue* or *prussiate of iron*. This he triturated with quinine, and thus came into use the "*Eclectic blue powder*," sometimes called the "*Eclectic gray powder*," for also was the fight on against the mercurial medicaments "*blue mass*" and "*gray powder*" of the dominant school. The counterfeit was successful, and the people lauded it as harmless as compared with quinine, blue mass, or mercury with chalk. It proved to be a successful piece of legitimate deceit. The people still got quinine just the same, and were not wrought up over

the possibility of their bones resting in some medical museum in order to show the baneful effects of the Peruvian deposits in them. The question may seriously be asked, Did the iron salt have anything to do with the success of the antiperiodic — quinine — further than to aid in the continuation of its successful employment?

The writer quoted further says: "Prussian blue is a tonic which is seldom contraindicated. It will overcome irritation of the stomach from infancy to old age. It is agreeable to the patient when administered, and it is cheap, which is an item for the country physician. It is, so far as I know, harmless. I have never had one unpleasant symptom resulting from its administration. I should be cautious what combinations I made with the drug, so as not to form a poisonous cyanide."

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CAMPHOR IN PULMONARY CONSUMPTION.—Camphor, camphoric acid, cinnamic acid and the cinnamates have all been tried more or less as agents of value in phthisis, but their specific uses have not been satisfactorily determined. Volland (*Therap. Monatshefte*), who found that by injecting camphorated oil subcutaneously in cardiac dyspnoea, great relief was experienced, sought to apply it in cases of phthisis with weak heart. Success crowned his efforts. He now uses it in all cases of pulmonary consumption, with the result of controlling the cardiac weakness and the consequent night-sweats, and accomplishing general improvement. No inconvenience is experienced other than the slight pain upon inserting the needle. At least twenty minims of a ten per cent. solution in olive oil should be administered once or twice a day. The U. S. P. preparation of camphorated oil (camphor twenty parts, cottonseed oil eighty parts) is thought to be less available, though stronger.

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PIPER METHYSTICUM.—A remedy not valued as it would be if more generally employed is *piper methysticum*, or *kava kava*. Dr. S. M. Sherman, of Columbus, a good specific medicationist and clinician, reviews its uses, and gives his experience with it in the *National Eclectic Medical Transactions*. He indorses the previous claims made by Webster of its value in neuralgia of the fifth nerve; therefore it is a good agent in neuralgia involving the eye, ear and teeth. He cites its uses as directed by others in gonorrhea and dyspeptic conditions. In both conditions we have found it an excellent remedy. As to the specificity of the drug, Dr. Sherman has perhaps given us as good a guide to its selection as has yet been published. He says: "A patient will complain of derangement of the urinary organs, either of scantiness or irregularity of the flow, sometimes not enough, at other times too much. The patient's face looks full, somewhat pale, all the tissues seem slightly

edematous. The feet and the legs more so. The tongue is full and pale, the bowels may be regular, but the appetite is not good. The patient feels languid, says he has to force himself to get around; in fact, he presents an appearance that suggests Bright's disease, and yet an examination of the urine fails to show the characteristic signs of that disease. Really no organic disease seems to be present. Now if you give this patient twenty or thirty drops of specific piper methysticum in water four times a day, he will, in a couple of weeks, show a decided change for the better, and in two or three months will become well and strong. The urine will be passed more freely and satisfactorily, the appetite will become good, sometimes exceedingly so, the patient's color will resume its normal healthy tint, the tissues will become firm and elastic, and a general well-being will be experienced. He is cured."

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GENTIAN IN MALARIA.—Have we in gentian a true anti-malarial drug? We abstract the following from the *Midland Druggist*:

"The root of gentian, often used as a tonic, is considered in many malarial countries a remedy against intermittent fever. Especially is this the case in Corsica, in that section of the island near the town of Aleria, which is infested with malaria. The inhabitants recently protested violently against the introduction of quinine on the part of the medical authorities, declaring that they would not abandon the remedy which had been used among the islanders for centuries, namely, the gentian root either powdered or simply masticated. Tancret declares that he has extracted from this root a hitherto unknown substance, which belongs to the chemical classification of glucoses. This he calls *genziomcrina*, and experiments in the laboratory prove that it possesses the same deleterious action upon the malaria bacillus as does quinine. Here, then, we have another example of how popular instinct often anticipates with a certain sureness the discoveries of science."

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SANTONIN IN LOCOMOTOR ATAXIA.—Some interesting results (*La Tribune Medicale*) have been obtained from the use of santonin in the control of the lightning pains of locomotor ataxia. The good effects appear to last for some time after the cessation of the medication. Doses of from one to two grains may be given three times a day, and continued for some time—two months or more. It should be remembered, however, that while ordinarily a feebly toxic agent, even grain doses have produced toxic effects in some individuals. It has also been noted that santonin also affords remarkable relief in the laryngeal crises of *tabes*. Ordinary forms of neuralgia and sciatic neuralgia appear to be unaffected by santonin.

### **Periscope.**

#### **CONSULAR MEDICINE AND SURGERY.**

For some time it has been evident that more or less space in the United States Consular Reports was being devoted to medical and surgical subjects. In view of the fact that the great majority of these reports are received from men of no medical education nor experience whatsoever, and that they have a wide circulation, abstracts from them appearing extensively in lay publications, it hardly requires any argument to show that this method of disseminating medical knowledge is open to more than fancied danger.

Ostensibly these consular reports are for the purpose of keeping the Government and citizens of the United States in touch with various phases of human activity in foreign countries. That the object is laudable so far as it pertains to industrial or trade conditions can not be gainsaid. But when the realm of medicine is invaded with all the possible abuses to which the widespread publication of incomplete, incorrect or improper knowledge gives rise, there are substantial reasons for objection.

Two extracts from recent reports especially emphasize these dangers. Both appear in the data supplied by the Consul-General at Frankfurt, Germany. Whether this individual is in an atmosphere of unusual medical activity, or possesses to an extreme degree the human virtue (or weakness) which makes mankind so ready to impart medical advice, does not appear on the surface, but he is certainly one of the most prominent offenders. The following extract from a recent report is especially obnoxious:

"TO CURE A COLD."

"Consul-General Guenther, of Frankfurt, Germany, reports a new cure for a cold. It consists of a mixture of cocain, paranephrin, and water, applied on cotton to the nose. It arrests secretions, and cures the cold usually by several applications. Inasmuch as colds can lead to dangerous diseases, it is wise to prevent their protraction. In the case of children, Dr. Vohsen advises mothers to cut a small rubber tube obliquely and to insert the sharpened end into the nose; then, by means of a rubber ball, blow air into the tube. Thus the secretions in one side may be blown out through the other side. This eases the children and allows them to breathe freely. One can see at a glance how valuable such knowledge is. It can be used in all kinds of cases affecting the nose and throat."

Surely no one of sound judgment would recommend cocain solutions to the public for general use in the treatment of colds, and as

regards the other procedure described, ordinary common sense should condemn it. The danger of forcing infectious material into the throat, the middle ear, or the various accessory nasal cavities, to say nothing of what might occur in the presence of particularly virulent infections like diphtheria, scarlatina, and the like, must be apparent.

The same Consul-General, in a previous report, expatiates on the cure of appendicitis without surgery, and quotes with unctuous approbation a German medical man to the effect that "every case of appendicitis, if diagnosed early, *be it ever so acute or malignant*, can be cured without resorting to the knife."

Fortunately the fellowship of American medicine and surgery is sufficiently cosmopolitan nowadays to make it unnecessary for consuls of the United States to spend any time in keeping the physicians and surgeons of this country informed concerning scientific discoveries or researches in other lands. The only logical use which such reports therefore can possibly have is for the enlightenment of the people. If the character of the information that is to be furnished to the laity is indicated by the above, the sooner this policy is discontinued the better it will be for all concerned. God knows, the effects of self-medication and "lay medicine" are already prominent enough without being augmented by the Government and by unwisely zealous officials. At any rate, if medical and surgical items are to be a feature of future reports, we humbly, but none the less emphatically, recommend that they be censored by some one who appreciates the limitations of lay knowledge in medicine, and who will wisely discriminate between material suitable or unsuitable for the real needs of the public.—*International Journal of Surgery*.

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### THE ERUPTIVE FEVERS,

In the congestive stage we want diffusive stimulants, as belladonna, xanthoxylum, capsicum, with warm surroundings. In the inflammatory we want sedatives, as aconite. When it is time for the eruption to appear, we want belladonna and aconite, the best combination for this condition of any and all remedies known at the present time. In the fourth stage, debility is the condition to treat; in this stage muriated tincture of iron will do more, and in less time, to restore the debilitated condition of the blood and vital energies than any other one remedy, and combined with the bitter tonics, such as fluid extract of cinchona, hydrastis or gentian, we have a quick, permanent restorative. All complications should be treated as such, regardless of the name of the disease. No cathartics should be given at the beginning of an eruptive fever. Nothing should be done that can destroy tissue or vitiate the

fluids of the body. It is good treatment to commence with the tincture of iron and the bitters as soon as the temperature reaches the normal point, and continue them until the patient is well.—Dr. H. K. Whitford, in *American Journal of Clinical Medicine*.

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#### DREAMS VERSUS FACTS.

Last December *Collier's Weekly* published a list of twenty-two supposed cases of death and serious illness from "headache powders," which, on investigation by the Proprietary Association of America, were proven to have been mostly lies or gross exaggerations. Only six of the said twenty-two cases were discovered to have been bona fide cases of poisoning, and nearly all of these were due to overdoses. No sane physician will condemn a drug or medicine because an *overdose* results unfavorably, for if we did, we might better quit the practice of medicine than to treat patients with drugs so inert that overdoses will never do harm. Any drug or medicine which is safe if taken according to the directions on the package, is a safe remedy in the sense in which the word "safe" is used in medicine.—*St. Louis M. and S. Journal*.

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#### THE DOCTOR'S BILL.

The physician himself is at fault for the remissness of his patrons in paying their dues. Indeed, our profession has been brought under contempt through the adage: "As hard to collect as a doctor's bill." Tradesmen are promptly paid the entire amount of their bills. The doctor would be, too, if he would only put up a little fight for it; but, without a particle of business insistence, with childlike timidity, he humbly submits, without protest, to being paid at any odd time, in a haphazard way, at long intervals, and then, usually, only a part of his bill, instead of the whole of it. Eventually payments become more and more remote, while the amounts at each payment dwindle in proportion.—Dr. G. R. Patton, in *Northwestern Lancet*.

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Post-operative hemorrhages from the base of the bladder, that proves inaccessible to ligatures and uncontrollable by packings, may be checked by the following method: Through several thicknesses of gauze, cut in squares, pass a double strand of heavy silk or of twine, fastened on a stout needle. With the patient in Trendelenburg's position and the bladder widely opened, thrust the needle from within directly through the perineum, and bring the gauze firmly against the bleeding surface by pulling upon the threads, which are then to be fastened to an outside dressing.—*American Journal of Surgery*.

# ECLECTIC MEDICAL JOURNAL.

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## COLLEGE STATISTICS.

We have prepared a schedule of the graduates of the Eclectic Medical Institute for the years 1900 to 1905 inclusive, showing the registration of each graduate:

|  |     |
|--|-----|
| Total number of graduates.....                               | 174 |
| Ninety-five registered on diploma.....                       | 108 |
| One hundred and two registered on examination in States..... | 112 |
| Number who have not applied for registration.....            | 8   |
| Number failed after one or more trials.....                  | 5   |

### SUBDIVISION OF REGISTRATION BY STATES.

|                       | On<br>Diploma. | By Exam-<br>ination. | Failed. | Total. |
|-----------------------|----------------|----------------------|---------|--------|
| Alabama.....          |                | 1                    |         | 1      |
| Arkansas.....         |                | 2                    |         | 2      |
| California.....       | 1              | 1                    | 1       | 3      |
| Colorado.....         | 2              |                      |         | 2      |
| Florida.....          |                | 2                    |         | 2      |
| Georgia.....          |                | 2                    |         | 2      |
| Illinois.....         |                | 10                   |         | 10     |
| Indiana.....          |                | 21                   | 2       | 23     |
| Indian Territory..... | 2              |                      |         | 2      |
| Iowa.....             |                |                      | 1       | 1      |
| Kansas.....           | 1              | 4                    |         | 5      |
| Kentucky.....         | 14             | 3                    |         | 17     |
| Michigan.....         | 2              | 1                    |         | 3      |
| Missouri.....         | 2              | 4                    |         | 6      |
| Nebraska.....         | 1              |                      |         | 1      |
| New York.....         |                | 1                    |         | 1      |
| Ohio.....             | 80             | 18                   |         | 98     |
| Oklahoma.....         | 1              | 1                    |         | 2      |
| Oregon.....           |                | 3                    | 1       | 4      |
| Pennsylvania.....     |                | 19                   |         | 19     |
| Tennessee.....        |                | 1                    |         | 1      |
| Texas.....            | 1              | 2                    |         | 3      |
| Washington.....       |                | 1                    |         | 1      |
| West Virginia.....    |                | 15                   |         | 15     |
| Wyoming.....          | 1              |                      |         | 1      |
|                       | 108            | 112                  | 5       | 225    |

Five failures in one hundred and seventeen examinations show a percentage of less than five per cent. Some failures must be attributed to individual students, and some to unfair State Board examinations.

If the Eclectic Medical Institute can continue this good record, no one need have much fear of her ability to turn out graduates qualified to pass State Board tests, in addition to their unusual success in the practice of medicine.

These statistics are full and accurate, and cover a period of six years, and should somewhat overcome the effect of partial, imperfect and incomplete statistics appearing spasmodically in the medical press.

Counting in the failures of occasional graduates, who have been out of college from seven to twenty-five years, would increase our total percentage of failures, but these should not be counted in a strict reckoning, as they graduated years ago, when State tests were not required.

We shall be glad to publish similar statistics of any of the other Eclectic Colleges.

SCUDDER.

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### SUMMER COMPLAINT.

Last month we emphasized the necessity of a knowledge and care in the preparation of the food for the infant. Not only is care necessary in the preparation, but so is cleanliness as well. Mention was also made of the fact that inanition, malnutrition, scorbutis and rachitis are due to a faulty nutrition, and curable by proper feeding.

Though probably a little tardy, we desire to call attention to another class of diseases often caused by faulty feeding. Usually a wrong of quality or quantity. The acute stomach and intestinal disorders of children are, as a rule, the result of one of the above causes. Though most prevalent during the heated season of the year, the fact still remains that a wrong of quality or quantity of food is a most potent factor.

Notwithstanding the classification of these diseases adopted by authors, based either upon anatomical or pathological grounds, the fact still remains that no sharp dividing line can be detected clinically in most cases, and that one form imperceptibly merges into the other.

Personally, we are inclined to the belief that a very large majority of our cases of summer complaint, cholera infantum, muco-enteritis and ileo-colitis, are the result of a neglected or aggravated case of dyspeptic diarrhea or acute gastro-enteritis.

Granting the premises are well taken, the necessity for a proper supervision of the diet as a preliminary step to a successful treatment is apparent.

The symptomatology and diagnosis is too well known to need a



systematic repetition. The classical symptoms are vomiting, diarrhea, slight elevation of temperature, thirst. Usually a slight diarrhea, lasting for several days or even weeks, precedes the vomiting. Occasionally the vomiting occurs first, especially so when an undue quantity or when tainted milk has been used. This is our acute gastro-enteritis, or dyspeptic diarrhea.

The vomiting ceases, but the diarrhea remains. The stools remain frequent, are thin, containing much mucus; are green in color, or are yellow and turn green when allowed to stand. Again they are quite small, consisting simply of a little blood-stained mucus; are attended with considerable tenesmus and straining, possibly sufficient to produce a prolapse of the rectum. Emaciation is marked, and the child is irritable and restless. Thus, in brief, we have a picture of both muco-enteritis and ileo-colitis, or, as they are commonly called, "summer complaint." The treatment is both hygienic and medical. In the former is included not only climatic considerations and clothing, but diet as well. The former is necessary, but the latter doubly so. Quality, quantity and regularity must all be taken account of.

The regulation of these simplifies the second part of the treatment, the medicinal. When called early to a case, if we have reason to believe there is any undigested material in the intestines, we preface our treatment with a full dose of castor oil. This is a safe thing to do as a routine treatment. If symptoms of a dysenteric character are present, rectal enemas are used. These measures precede the specific treatment; in fact, they simplify it.

The remedies most frequently used are: Sp. aconite when there is fever, with a small, quick pulse, to which is added sp. gelsemium, belladonna or rhus tox., as they are called for. The stomach and bowels call for sp. ipecac when the tongue is elongated and pointed, with reddened tip and edges, and all the signs point to irritation. This is one of the remedies sharply indicated in dysentery or ileo-colitis. The stools are large and watery; the tongue heavily coated, skin inelastic; no straining or tenesmus; possibly symptoms pointing to colicky pains preceding the stools, sp. nux. Stools green, mixed with mucus; child irritable and fretful, sp. matricaria. Thus we may go on enumerating the symptoms calling for sp. colocynth, dioscorea, epilobium, sodium sulphite, bismuth subnitrate or liquor bismuth, cretae preparata, rheum, cuprum arsenite, acids, etc. Each case must be studied. The fact that we desire to impress most forcibly is, that an intelligent supervision must be exercised over the diet and hygienic conditions as a necessary concomitant to any successful treatment.

MUNDY.

**LLOYD'S FOREIGN LETTER.—No. 5.**

SANTA LUCIA HOTEL, Naples, Italy, July 4, 1906.

MY DEAR DR. SCUDDER:—To-day is "Independence Day," and my family and self are celebrating it alone in this little Italian hotel. Had it not been for the six weeks lost in the enforced disarrangement of my plans by reason of the Arabian-Egyptian plague imprisonment, I should have been home in time to take part in the day's festivities, and enjoy them in American form. As it is, we have decorated our dining table with a profusion of American flags that we were wise enough to bring with us. It is very evident to the other guests that we are Americans, and that this is July 4th.

I am now in a position to contrast what we have in America, in some directions, with what others have, or rather do not have. Whilst there is much to say concerning some things that are enjoyed here that we do not possess, it can not be gainsaid that in the line of *medicines* we beat the world.

I have been through most of the Orient bordering the Mediterranean and the Red Sea. I have lingered in the chief cities of the oldest countries of the world, so far as civilization is concerned. I have spent weeks in the European cities that were historic before America was discovered. I have meditated over it all in the places that Xerxes, Hannibal, Caesar and the other butchers of ancient times made historic by their savagery, their barbarisms, their fanaticisms, and their dogmatic display of power, that astound one in the ruins remaining. But of it all, not excepting the religions that have come, gone, and yet remain, little do I find to speak of progress, in either medicine or pharmacy. It seems as though the hand of fate had laid itself on human ingenuity and progress in human lines, and had paralyzed men's thought and action. The conditions of old stare one in the face when one seeks a store of medicines. The remedies that belong to medieval times are conspicuous as the exponents of the art of pharmacy. The physician is thinking in an age that long since has passed into history. He employs remedies that in America would lead me to turn to the formulas that I learned as relics of the time before I became an apprentice, half a century ago.

God help the people who depend on such medication and such medicines as this Old World and this Oriental World possess. No wonder that every man, woman and child believes in the superstition of the "Evil Eye." No wonder that they tie a blue bead on every article they possess, from a chicken to a camel, to keep off the "Evil Eye."

Never until now did I appreciate the art of American pharmacy.

Never until now have I been in a position to know what the American physician possesses, over the world at large, in the line of therapeutical advantages. Like an oasis in a desert came before my eyes, in one of these cities, a welcome sign that led me to stop, to read, to turn and read again:

*"The American Pharmaceutical Specialties of Parke, Davis & Company sold here."*

And I thought, as I passed on, what a Godsend it would be to the people of these lands could the modern American pharmacist and the modern American physician take the place of the relics of old, that lead men and women alike to depend on the power of a blue bead or the charm of the closed fingers to keep off disease and the touch of the "Evil Eye."

Never until now did I appreciate what the years I stood in my laboratory with the test-tube and the retort in my hand, aiming to perfect the Eclectic remedies, studying, experimenting, recording, meant to Eclecticism, and far beyond the school, to the people. Not even the *names* of the drugs that have taken years of my work are known to these people here. The principles of an effective and pleasant medication by means of refined and exact remedies is as far out of the life of the physician here as it was out of American life in the days of Wooster Beach. These Europeans bow to "Authority" in medicine as they do to "Authority" elsewhere. The rank and file follow their leaders, as did the medical profession in America when Samuel Thompson defied his oppressors, who believed that what did not come out of "European Authority" was heresy, to be confounded by force and subdued by law.

In the age of Samuel Thompson, but without a Samuel Thompson, moves this Old World, that in medicine needs, more than anything else, a Samuel Thompson, a Wooster Beach, a John King, an R. S. Newton, and a John M. Scudder.

As I view it all, I wonder if many of my friends in Eclecticism appreciate their opportunities. I wonder if they appreciate the advantages they possess over the world about them. I wonder if they can begin to appreciate what they owe to the Fathers, who met the trials of the past, who served the people and all other schools in American medicine not less than themselves; who, as a rule, struggled amid hardships that few can now appreciate, even to the very day of their death, and who left to Eclecticism a heritage that, in my opinion, makes the Eclectic practice of medicine the most effective, the most pleasant, the most scientific — if Science means exactness in method and positiveness in results — of any system of medication the world possesses?

I shall return to America with renewed thankfulness for the bless-

ings my family enjoy in their physician's opportunities and professional advantages. One of my apprehensions since I struck these lands has been an attack of illness, in which, to tell the truth, I would fear more the physician than the disease. Then I, too, might be tempted to tie a blue bead about the sufferer's neck, and, as do the people about, trust that it might have the power to ward off the "Evil Eye."

JOHN URI LLOYD.\*

### SUMMER DIARRHEA.

One thing that helps us in our treatment of disease is a correct diagnosis; after that, the remedy to fit the conditions as revealed by the symptoms. The summer diarrhea of infants now occupies considerable of the physicians' attention, and here, as elsewhere, a correct interpretation of the symptoms will lead to a successful medication. Gastro-intestinal irritation and diarrhea call for sedation and intestinal disinfection. Aconite and ipecac, five drops of each to four ounces of water, teaspoonful every one or two hours, will relieve the vomiting and lessen the frequency of the alvine discharges, but the remedies must be persisted in until results are obtained.

An axiom never to be forgotten in direct medication is to be sure of your remedy and then push to effect. These intestinal troubles are usually of microbic origin, and hence the tract must be disinfected and kept clean. For this purpose add a ten-grain tablet of sulphocarbolate soda to half glass of water, and give a teaspoonful of this mixture every two hours. When the discharges become normal in color and frequency, discontinue the medicine. However, not only must the intestinal tract be cleaned and kept clean, but the child and its surroundings, everything that comes in contact with the patient, must be clean; the child should be frequently bathed and the quinine inunction applied to the body; the clothing should be light, airy and clean, and it is a great help to have a clean room and a clean nurse. We can not cure so well in filth.

For many years we have been repeating incessantly many things to unheeded ears that we have no specific for diseases as an entity, but only for its separate manifestations. So in the treatment of the intestinal troubles of infants, we always take into consideration the individual. Thus, for the stupid, listless baby, inclined to sleep continuously, pupils dilated and bluish skin, belladonna, five drops to four ounces of water, teaspoonful every four hours, is the remedy. On the other hand, bright eyes, flushed face, nervousness and spasmodic twitchings call for gel-semium, ten drops to four ounces of water, teaspoonful every thirty

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\* Prof. Lloyd arrived home July 20, 1906.

minutes, increasing the amount of gelsemium if the symptoms do not yield. We should persist with the remedy in increasing doses until the desired effect is obtained. "Be sure you are right, and then go ahead" applies to direct medication; do not falter, fail or drop back. It seems a useless waste of time to repeat the indications for remedies so well known, and yet, after all these years, we have hundreds of physicians asking how to use Eclectic remedies. So we must keep on a while longer telling the old, old story, which is still new to so many. In summer complaint, when the stools are watery, colorless, and voided with griping pain, give cupric arsenate, 1-250 granule every hour, alternated with colocynth, ten drops to four ounces water, teaspoonful every hour. A pallid, shriveled tongue, with colicky pains in the region of the umbilicus, calls for small doses of nux every hour. Chamomile should be given when the stools are greenish.

My impatient reader may now remark that this system of medication is too complicated, and that it is impossible to remember all these indications. It is true that study is required to master the intricacies of medication, but the pleasure experienced when we see our patients passing from sickness to health compensates for all our trouble. To cure our patients with remedies straight for the symptoms is direct medication, and as true as rifle shooting.

But the treatment of infantile diarrhea does not all consist in medication. Hygiene, food and nursing are of equal importance. Colonic flushing is necessary in some cases, but not in all, and sometimes the little patient is not benefited, but rather depressed and exhausted, by this measure, so that here again discretion and care must be used. In fact, in the treatment of summer diarrhea, as well as all other diseases, a careful adaptation of the treatment to the individual is necessary. And that is the very reason why direct medication is the most successful treatment to-day; this is also the reason why the world is beginning to sit up and take notice. We are gratified at the attention that specific medication is attracting at the present time, and are always as willing to give instruction as our friends are to receive it. The practice of medicine is pleasant for those who walk in wisdom's ways.

WATKINS.

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### VITALITY.

Perhaps nothing in the universe is more elusive than the secret of vitality. What is it — this critical presence which assures us existence? It is past probability that this subtle essence will ever be intellectually corraled. We can only browse through its periphery, and then such light as we may get must be empirically gained.

It is of the first importance that the physician should know all that is knowable about this mysterious force. That is the mine in which he *legitimately* works. Proximately, it must be accepted as true that *some-how* it is elaborated out of air, sunshine and food. Brother Stephens, in his superb editorial, entitled "Vires Vitales Sustenete" confesses himself puzzled over the fact that, at last, food fails in each particular case to be expressed in vitality. The animal organism, like all grossly concrete existences, is self-limited as to endurance. It wears out and becomes incapable of reaction as a peculiar aggregation. Why it does this depends on, let us say, the crankiness of destiny.

It is not true that each one inherits a definite sum of vitality. Otherwise, when most of a patient's vitality has been consumed in sickness, he could not possibly recover. It is theoretically conceivable that if his normal vital sum was 100, and this had been reduced to 10, he could one-fifth recover, and exist on this lowered vital plane. To some extent this is true, but not sequentially to the putative fact that we inherit a definite *sum* of vitality. This is the truth: Every one inherits a definite *capacity* for the production of vitality. When the cause that hindered the *creation* of vitality is removed, the organism, freed from its trammels, re-supplies the system.

Food, air and sunlight constitute the great reservoir of vitality. Dear doctor, let this pregnant fact usurp four-fifths of your medical consciousness. If you can not do that, go saw wood. Do not fall a victim to that devastating sap-headedness which makes so many doctors feel just a *little* superior to physiologic truth. Let us not forget that in relation to *vital optimism* we are bipedal pismires. Shun that auxetic pitfall which engulfs so many.

Remember that while the *right* drug indirectly makes for cure, you are — in our present state of knowledge — about fifty times as apt to give the wrong one as you are to give the right one. Remember that every time you give the wrong drug, you subtract a certain amount from the stored vitality, and to that extent lessen the patient's chances for recovery. In giving drugs, be fifty times as careful as you are careless; try to be *unreasonably* cautious. Do not fall into the disastrous habit, so common in the profession, of feeling that certain drugs *convey* vitality into the system. Only food and its accessories do that. The most a drug can do is to deflect a morbid trend. If the use of drugs is barely justified at all, can we be too careful in their employment? I assert, without the fear of being successfully contradicted, that the biggest lesson, to-day, that the majority of doctors have to learn is *how not to kill*. With all the credit that is justly due drugs, this truth towers above all: *The better the hygienist, the better the clinician.*

COOPER.

## IRRIGATION OF CAVITIES.

There seems to be quite a difference of opinion among medical men on the subject of irrigation of important cavities. One surgeon of undoubted skill will advise against the use of washing out a cavity, following the evacuation of pus, say the pleural sac, or the emptying of the uterus by a curette or otherwise, claiming that good drainage is all that is required, and that nature will look after the cleansing process. Another practitioner of equal skill will advise copious flushing for any and all cavities, provided pus be present.

There seems but little reason for objecting to the washing-out process, save that shock, and in rare cases death, has followed this procedure.

It seems a little singular that in this age, when such great pains are taken to prevent sepsis in the washing and scouring of the part to be operated upon, the sterilizing of instruments, the care of the hands of the operator and every one connected with the case, that there should be any objection to cleansing and making sterile a cavity that has become a receptacle for pus.

I have repeatedly irrigated septic uteri, and always with the best results. In a recent case of empyema, I am satisfied the patient's life was saved by irrigation. The pleura had been evacuated by the trocar some three weeks previously, but continued to secrete pus, and that of a very offensive character. From a half pint to a pint of pus was daily discharged from the cavity. There was fever, loss of appetite, with great prostration and emaciation. With the first thorough flushing of the pleural cavity the temperature came down, the appetite returned, and convalescence began at once.

For the pleural cavity I prefer a normal saline solution of about the temperature of the body. The same may be used for the uterus, or a weak solution of permanganate of potassium or boracic acid. If proper precautions are used, I am sure but little, if any, harm will result. These consist of having the solution of the right temperature, about 98 degrees, and not using much force in injecting the fluid. This may be regulated by using a fountain syringe, and having the fountain placed just high enough to cause the fluid to flow into the cavity. If this last precaution is followed in irrigating the uterus, there will be no forcing of septic material into the tubes.

Keep *all* cavities sweet and clean, and the patient will have a chance for his life that will otherwise be thrown away. THOMAS.

**CELLULOID SPLINT.**

Recently, in taking home a sheet of celluloid for side curtains to an automobile, I thrust my arm through the roll of celluloid, and discovered that it would make an ideal splint to use in dressing wounds, compound fractures, or other lesions requiring observation without disturbing the dressings.

A small splint can be cut from the celluloid and incorporated in the rigid dressing required where we have compound fractures. This sheet celluloid would make good dressings for the hand and fingers, as it can be easily rolled in place, secured with small tapes of adhesive plaster, giving the surgeon a chance to make observation of the tissue inclosed.

The fact that this splint is very cheap, and at the same time holds the parts carefully in apposition and allows the surgeon means for looking at the condition of the wound, argues much in its favor. In cases of compound fractures, the celluloid splint can be placed immediately over the wound, holding the parts down, while a plaster paris dressing encases the posterior part of the limb.

The treatment of wounds or incisions, following a surgical operation, is greatly simplified at the conclusion of the operation by the intra-dermic suture closing the incision.

It has been my plan for a long time — and it came to me by accident — to moisten sterile gauze with alcohol, and place it over the line of the incision, and over this place other gauze pads, and bind all with a roller bandage, leaving the wound undisturbed until the proper time for the completion of the union.

RUSSELL.

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**ASEPSIS IN SURGERY.**

For many years I have been accustomed to use thorough asepsis in the prosecution of a surgical procedure, depending very little, if any at all, on antiseptics.

In the preparation of my instruments for an operation, three to five minutes' immersion in boiling water has always served me well. This seems a little strange with contrary examples, advocated and executed by many operators, or having the instrument boiled for a half hour to three quarters before operating. The sterilization of the hands and of the assistant's is by means of the scrub brush and a sufficient amount of clean soap as an adjunct, with many minutes of careful scrubbing.

We have practically done away with all chemicals at the Seton Hospital, and as pus is never seen in the wounds, I know of no reason why this simple method of preparation and conducting of an operation should not answer every purpose.



Again, in the closing of the wounds, care is always used that each kind of tissue be sutured to its own; that in the closing of the wound, all space be obliterated, either by pressure or by suturing with pyoktannin cat-gut; very seldom do we use the drainage gauze, and never resort to rubber tubing.

RUSSELL.

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### CHOLERA MORBUS.

We expect to have some cholera morbus during the next two or three months, and we want to know the easiest way out of the difficulty.

Long before the doctor sees the patient, the stomach and bowels have thoroughly emptied themselves, so that what he has to do in the great majority of cases is to stop the vomiting and purging and give relief from pain first, and then relieve the irritation set up by the morbid elements.

Now, there is a slow way and a quick way to relieve this patient. You may sit by his bedside administering medicine by way of the mouth, and see him pass rapidly into collapse, and maybe die, or you can set things right in thirty minutes.

The stomach being irritable and unruly, will try to get rid of everything you put into it, as a bucking broncho will try to get rid of its rider. Of course by persistence one may so disgust the average stomach that after a time it will give up the contest and allow anything to be poured into it. But a respectable stomach, whose possessor is playing with cholera morbus, will resist any interference with its own affairs.

The best thing to be done, and therefore the first thing, is to administer a hypodermic injection of a fourth of a grain of morphine. This will usually give relief in from twenty to thirty minutes. The patient will stop vomiting and retching, the bowels will cease to move, the pain will subside, and the patient will sleep. When he awakens, he will feel sore and tender over the abdomen. He should now have whatever remedy is indicated to put him on his feet. In the majority of cases it will be five drops of aconite, thirty drops of dioscorea, two or three drachms of neutralizing cordial, and enough water to make three ounces, a teaspoonful every two hours.

All food ought to be withheld for twenty-four hours, then a light diet for a day or two.

STEPHENS.

**IMPRESSIONS OF THE NATIONAL.**

The National has met, and another session has passed into history. We presume, as the world goes, it was a successful meeting. It certainly was enjoyable. Old acquaintances were met, and friendships renewed and new ones formed. The attendance, though good, was not by any means such as it ought to have been. Seventy-two from Ohio; eighty-nine from the balance of the Union.

Those who criticised the National some months ago, informing the *faithful* what ought to be done to make it successful, were not there. We wonder how often they have attended its meetings, and how much time and money they have expended toward making it a success. Criticisms from such sources seem to the "Old Guard" captious.

When people, when ensnared by troublesome legislation, look to our organizations for assistance, how can they expect such assistance when they do not assist in making our organizations a force capable of making themselves felt?

The work done was fair. Neither in amount nor quality was it such as it ought to have been. With such an array of papers and so many anxious and ready to have their "say," two sections at least ought to have been in session at the same time. One section, "Materia Medica and Therapeutics," occupied nearly one-third of the time devoted to section work.

We have often been impressed with the fact that not sufficient time and care are devoted by the essayists in preparing their papers. These papers are published and sent broadcast. When illy and carelessly prepared and filled with tales as illogical and improbable as "Mother Goose Tales," it is a reflection upon the Society. We have often wondered how our genial Secretary Ellingwood ever shaped some for publication.

Granting we are successful, as a school, therapeutically; it is foolishness and absurd to fly direct in the face of well established facts and recount "Munchausen" tales of cures. Let us be honest with ourselves and our colleagues, or at least attempt to.

We do not desire to appear in the role of a fault-finder, but we do think more and better work ought to be done, and less time given to politics. There would be less heart-burnings. Care and time should be taken in the preparation of papers. They sound better, they save time and worry for our Secretary, and they make better history, for our transactions are the written history of our school. MUNDY.

**TO CALIFORNIA.**

The annual meeting at Put-in Bay is a matter of history. The next meeting in Southern California is before us.

The State societies in California, Oregon and Washington need our assistance as a Society. It behooves each reader of this paragraph to begin making arrangements *now* for the trip in June, 1907.

We are figuring on a round-trip rate of one fare from Chicago and similar points. This JOURNAL suggests that arrangements be made to concentrate our efforts. Let a Pullman-car party start from New York under the supervision of Dr. P. E. Howes, of Boston, one from Chicago under Dr. Ellingwood, one from Cincinnati via St. Louis under Dr. Scudder, one from Atlanta, Ga., via Texas under Dr. Doss.

If a standard Pullman is chartered from each of these cities, by the day, the round-trip expense, including railroad fare, sleeping-car accommodations and meals en route, should not be much over \$100 per person from Chicago, St. Louis, Cincinnati, or Atlanta, and \$125 from New York.

We have received very encouraging letters from President Stephenson and our friends in California, and it is now up to us to secure more than one hundred from east of the Mississippi. SCUDDER.

**Diseases of the Nose, Throat and Ear.** By Kent O. Foltz, M. D.  
117 illustrations. 12mo, 643 pages, cloth, \$3.50. The Scudder Brothers Co., Publishers, Cincinnati, O.

Prof. Foltz's work is now ready for delivery. Chapters one and two cover the anatomy of the nose, throat and ear—76 pages; chapter three, examinations; chapter four, the nose; chapter five, anomalies of upper respiratory tract; chapters six to eleven, diseases of the nose, 107 pages; chapter twelve, neoplasms; chapters thirteen and fourteen, diseases of anterior nasal cavities; chapter fifteen, diseases of nasopharynx; then follow diseases of the pharynx, larynx, general diseases, neuroses, intubation, tracheotomy, wounds and injuries. Chapter twenty et sequitur, takes up benign and malignant diseases of the ear, injuries, general diseases, affections of the middle and inner ear. Chapter thirty-one is devoted to inflammation of the mastoid; chapter thirty-six, covering ten pages, to materia medica and therapeutics.

On the whole, this work compares favorably with the author's former book on "Diseases of the Eye," and with similar works on the same subject. It will be reviewed at greater length in future numbers of the Journal.

# THE ECLECTIC NEWS

## A MONTHLY NEWSPAPER

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No. 8

### BOOK NOTICES.

**THE ECLECTIC PRACTICE OF MEDICINE.** By Rolla I. Thomas, M. D. Illustrated. 1033 pages, cloth, \$6.00; sheep, \$7.00. The Scudder Brothers Co., publishers, Cincinnati, O.

This book is clear and concise in the history, etiology and pathology of disease, and still sufficiently full to make it complete in this respect. It is an admirable application of specific medication to diseased conditions, and will be of great value to the student of medicine as a textbook, as well as the busy practitioner who desires certainty of action in the use of medicine. Remedies are used in simple combination or singly for their direct effect, thus avoiding compounds of doubtful value and the danger of over medication. This book will do much toward placing the practice of medicine on a scientific basis, and eliminating the element of uncertainty in the treatment of disease.

J. M. KEYS, M. D., Prof. of Practice, Lincoln Med. College.

Evidently it has been the aim of Dr. Thomas to say all that need be said in as few words as possible, in order that the work would not be too bulky; hence we find the articles on the history, etiology and pathology, and the divisions and subdivisions brief, yet sufficiently lucid for all practical purposes. One pleasing feature of the work is its pure modern Eclecticism; it is specific medication pure and simple. The reviewer having had the pleasure of sitting at the feet of both Prof. John M. Scudder and Prof. Thomas, and learning of them, he is enabled to see the progress that has been made by the Eclectics in the past twenty years. Thus Prof. Scudder's *Materia Medica* gives the specific indications for seventy-five remedies; Prof. Thomas' work for one hundred and two.

F. W. MOSES, M. D.

Prof. Theory and Practice, Eclectic Med. College of Indiana.

To Eclectics this work is a new exposition of the gospel of direct or specific medication. To all other practitioners it offers information of inestimable value. To the student of medicine, be he affiliated with whatever school he may, it is indispensable. The scope covered is

wide, the text brief, but perfectly comprehensible, and couched in language whose construction is most admirable. What more can one say? That he who reads with understanding, and then administers with judgment, will cheat the grim reaper of many untimely victims. Dr. Thomas deserves the gratitude of every physician.

A. L. STEPHENS, M. D., St. Louis.

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**The Autotoxicoes: their Theory, Pathology, and Treatment.** By Henreich Stern, M. D., New York. 12mo, 222 pages. Price \$1.00 postpaid. Chicago: G. P. Englehard & Co.

This work is divided into two parts. The first contains eight chapters devoted to theoretical, pathological, and critical considerations of autotoxycosis; the last chapter being exclusively a recapitulation of that which precedes it, with the conclusions deduced therefrom. Part II is devoted to the therapy of the auto-intoxication, and contains five chapters. The appendix consists of a glossary, references, and the index. It is well that a "glossary" is appended, else one would have, of necessity, frequent recourse to a dictionary. It is theoretical, scientific, and hypothetical to a fault.

W. N. M.

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**Squibb's Materia Medica. A Handbook for the Physician and the Pharmacist.**

It has been the custom of this firm for several years past to publish a volume describing briefly the entire materia medica recognized by the U. S. Pharmacopoeia and the National Formulary, as well as their own line of products. Each substance is briefly described as to appearance and uses, and when necessary antidotes are mentioned. It serves also as a price-list.

W. N. M.

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**Cooper's Preventive Medicine.**—Have you read it? Have you comprehended its meaning? Remember, you younger reader, that it was predicted—but here and now—that twenty-five years hence Preventive Medicine will begin to be understood by advanced physicians. What a pity to give out so strong pabulum before we are developed sufficiently to comprehend its deductions. Or, on the other hand, if Dr. Cooper will, by the force of his phenomenally great intellectuality, dare stay upon earth yet the quarter century just in order to realize personally upon his truly great production. That the book is not understood by reviewers one need turn only to the many eight, twelve or twenty-line notices having appeared. As a rule the practitioner is governed as to any opinion of worth of a new book by what the reviewers say of it. This rule must be sidetracked when a desire comes to see what is or may be in Dr. Cooper's Preventive Medicine. Send the

# IN SUMMER COMPLAINTS

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## OF USE IN INDIGESTION

OF COURSE, IT WILL NOT CURE ALL CASES OF DYSPEPSIA, BUT IT WILL BE SURPRISING HOW USEFUL IT WILL PROVE IN SO MANY DERANGEMENTS OF THE GASTRO-INTESTINAL TRACT

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good old doctor your dollar to-day and receive in return what will be to you, even in your post-professional life, a gem to be treasured and to be handed down to posterity. The words which make up the lines and sentences are adroitly culled from purest English. The sentences are framed in music, and the paragraphs seem at turns to form symphonies. Do you crave a knowledge of the higher use of many words which till now had escaped your understanding, read the copy the good doctor donated you. That Wm. Colby Cooper, M. D., Cleves, Ohio, stands pre-eminently today in America as the linguist without a peer, is true according to the judgment of the writer. Friend and classmate of our own lovable and beloved James Whitcom Riley, he is just as close to the birds and flowers and the sweetness and aroma of the combination. I could, if I desired to, tell you what is in the book, but as opportunity presents we propose to study it through the Journal. No one can fairly review the book until much time has been expended upon it.—W. L. LEISTER, M.D., *Ass't Editor Am. Med. Jour., St. Louis.*

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**Surgical Pathology and Treatment of Diseases of the Ear.** By Clarence John Blake, M. D., and Henry O. Reik, M. D. Cloth, price \$3.50. D. Appleton & Co., New York.

This work, as its title indicates, is devoted to the surgical side of the question, and includes not only such work as is directly connected with ear surgery, but also operations which either directly or indirectly have an influence on the organs of hearing, such as adenoidectomy, ligation of the carotid arteries, subcutaneous and intravenous infusions, etc.

A special chapter on Aseptic Technique is worth the price of the book to any person engaged in surgical work, whether special or general, as it is unusually comprehensive. It is a question, however, whether under ordinary circumstances the general practitioner should attempt a mastoid operation. The apparent ease with which the work can be performed, according to most works on the subject, misleads the novice, and too often to the detriment, if not life, of the patient. The dangers are too great for one who is not well versed in the anatomy of the ear to undertake, as a rule.

Unquestionably this is one of the most comprehensive works on this subject so far published in this country, and is one that every one doing ear work should possess.

K. O. F.

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**Manual of Diseases of the Ear, Nose and Throat,** By John Johnson Kyle, M. D., Indianapolis, Ind. 160 illustrations. P. Blakiston's Son & Co., Philadelphia. Price \$3.00.

This is an elegantly gotten up work, and very attractive in appearance. The author has paid more attention to embryology than is usual



in works of this kind, and the symptoms of the various morbid conditions are quite clearly defined. The treatment generally follows the almost universal routine of local medication, but specific indications for their employment are more fully given than is usual.

In acute catarrhal otitis media the old methods are recommended for the relief of the pain, which experience has shown to be unsatisfactory. The vapor of chloroform will relieve the majority of these cases in a few minutes, and is easily employed.

The writer rightly condemns blood-letting in anemic patients, and evinces an uncommon amount of good common sense in the instructions given for the care of patients. All in all, the work is one that can be studied to advantage by the general practitioner and student. K. O. F.

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## COLLEGE AND SOCIETY NOTICES.

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At a meeting of the Trustees and Faculty of the Eclectic Medical Institute the following resolutions were adopted :

WHEREAS, Death has removed from our midst our beloved associate and colleague, Robert C. Wintermute, therefore be it

RESOLVED, That in the death of Professor Wintermute we have lost a most affable and polished co-laborer, a sound thinker, able teacher, and a successful practitioner of medicine, who, through his worth, had won the love and admiration of all who came in contact with him.

RESOLVED, That in his death the community loses a patriotic citizen and benefactor, the Eclectic Medical Institute one of her ablest and staunchest teachers, and our branch of the medical profession one of its brightest and most devoted leaders.

RESOLVED, That we extend to his bereaved wife and parents our deepest sympathy, and that a copy of these resolutions be spread upon the minutes of the Faculty and Trustees, and also offered for publication to the various Eclectic medical journals.

AARON MCNEILL, President Board of Trustees.

R. L. THOMAS, Dean of the Faculty.

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### Tennessee Association.

The twenty-seventh annual meeting of the Tennessee Eclectic Medical Association was held in Nashville, May 29, 30. Many interesting papers were read and discussed. Among them were, Chronic Malaria, by Dr. W. H. Halbert; Correct Diagnosis, by Dr. F. H. Fisk; Puerperal Infection, by Dr. M. M. Harvill; Specific Black Haw, by Dr. G. M. Hite; Thoracentesis, by Dr. W. N. Holmes; Specific Senecio, by Dr. J. P. Harvill; Specific Pulsatilla, by Dr. J. O. Cummins; Specific Helonias, by Dr. A. L. Daniel; Ozytocics, by Dr. F. P. McKeel; Pathology and Etiology of Malaria, by Dr. B. L. Simmons; Dr. F. W. Abbott gave an interesting report on Eastern Eclecticism.

The officers elected for the ensuing year were as follows: President, M. M. Harvill, Nashville; 1st Vice President, F. P. McKeel, Nashville; 2d Vice President, W. G. McKinney, Milan; Rec. Secretary, B. L. Sim-

# Drug Treatises on Specific Medicines

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The following numbers have been issued :

- |                                 |                                       |
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| No. 1—Thuja.                    | No. 9—Gelsemium.                      |
| No. 2—Cactus.                   | No. 10—Belladonna.                    |
| No. 3—Pilocarpus (Jaborandi.)   | No. 11—Oenanthe Crocata and Cratægus. |
| No. 4—Veratrum.                 | No. 12—Ergot.                         |
| No. 5—Chionanthus.              | No. 13—Macrotys.                      |
| No. 6—Asepsin and Asepsin Soap. | No. 14—The Pharmaceutical Still.      |
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## Lloyd Brothers, Cincinnati, O.

# Hay Fever

## THE MODERN MODE OF TREATMENT

*Dilute with 4 to 5 times its volume of physiological salt solution*

*Ready for immediate use Requires no dilution*

*Experiment in an eye*

*death a*

*vege*

*pan*

*kif*

*Regularity of the pulse and of cardiac dilatation is no indication for the use of cardiac stimulants, and rest in bed is the chief requisite for such cases.*

### Treatment of Hay Fever.

With the discovery of the remarkable therapeutic properties of the suprarenal gland and the isolation of its active principle, Adrenalin, a new day dawned for the hay-fever patient. As our experience with Adrenalin increases, we are more than ever convinced of its efficacy. Its very satisfactory and exceedingly prompt action in controlling the paroxysm is simply charming to physician and patient. It affords the sufferer the grateful relief from physical torment and mental anguish that he once learned to expect from cocaine; but the dangers and inconveniences of cocaine are entirely wanting after the use of Adrenalin. The latter powerfully contracts the capillaries, reduces the turbinal turgescence, thus relieving nasal stenosis, and checks the profuse flow of mucus. It also overcomes the sense of mental and physical depression that is so common in many chronic cases. Adrenalin is used either in the form of the 1-1000 Solution or Adrenalin Inhalant. The latter is a permanent oily solution also of 1-1000 strength. Either solution may be sprayed into the nares and pharynx, during deep inspiration when it is desired to reach the lower air passages, or the nasal tissues may be treated by means of topical applications on cotton mops. It is unnecessary to use cocaine, as the Adrenalin solutions are not at all or very slightly irritating. Adrenalin is kept in the leading pharmacies of the country, and the physician should have no difficulty in procuring it at any time.

### Ligature of the Hepatic Artery.

And stating that the anatomy of the liver does not permit results of surgical resection.

Adrenalin Chloride Solution } Supplied in ounce vials.  
Adrenalin Inhalant

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ST. PETERSBURG, RUSSIA; SINGAPORE, INDIA; TOKYO, JAPAN.

mons, Granville; Cor. Secretary, J. O. Cummins, Nashville; Treasurer, G. M. Hite, Nashville. The next meeting will be held in Nashville, 1907.

#### **Ohio State Board of Medical Registration.**

On July 11th, Gov. Harris appointed Dr. Joseph M. Stephenson, of Chillicothe, O., as a member of the Board, to succeed Dr. Scudder. Dr. Stephenson is a graduate of the Indiana Physio-Medical School. Dr. J. H. Duncan, of Toledo, O., was appointed for a term of seven years, to succeed Dr. S. B. McGavran, of Cadiz. He will represent the regular school. The Board now returns to its old composition, three regulars, two homeopaths, one eclectic, and one physio-medicalist. Dr. S. M. Sherman, of Columbus, continues to represent the eclectic school.

### **PERSONALS.**

**Married.**—At Buffalo, N. Y., July 1th, Dr. Merl V. Hazen, E. M. I.'06, and Miss Delphine Small. At home in Titusville, Pa., after September 1.

**For Sale.**—Home and \$2,500.00 general country practice in Northeastern Ohio. No opposition, fine community, good collections, excellent telephone service. All at a bargain. Going south on account of health. For particulars address DR. H. C. SPENCER, Jefferson, Ohio.

**Hospital for Sale.**—Modern building and large established practice in a good live town close to Colorado Springs. Sufficient practice for two physicians. For terms and particulars address care of W. F. Benedict, Colorado Springs, Colorado County Court House.

The Journal had a very pleasant call from Dr. J. C. Cummins, of Nashville, and Dr. Field, of Marietta, Ga.

William R. P. Bloyer, son of Prof. Wm. E. Bloyer, graduated from Hamilton College, at Clinton, N. Y., Thursday, June 28, 1906.

Dr. C. A. McLean, of Decatur, Ill., graduate of the E. M. I. in 1871, stopped in to make the Journal a call on his way to the Home Comers' Meeting in Kentucky.

Dr. Geo. R. Cooper, E. M. I.'06, is nicely located at Childres, Texas. He can locate a young Eclectic in a good, near-by town, and would like to correspond with any one interested.

Good country location on the Ohio river, 16 miles above Pomeroy. Small village, good surrounding country. Nothing to sell. For particulars address, with stamp, Dr. A. L. Moore, Letart Falls, Ohio.

Dr. D. E. Bronson, E. M. I.'06, has just passed the Kansas State Board, and is located at Olatha, Kan. Dr. Bronson will be glad to correspond with any of his T. A. E. Brothers.

Dr. Urling C. Coe, E. M. I.'04, now located at Bend, Oregon, was elected President of the Oregon State Eclectic Medical Association at its last meeting.

Dr. Chas. M. L. Wolf, E. M. I.'05, is nicely located at 201 Levy Building, Galveston, Texas. He is in partnership with Dr. L. S. Downs, and together they are building up quite an extensive surgical practice. They are prepared to visit any part of Texas, either in consultation or to perform surgical operations.

## READING NOTICES.

---

**Treatment of Diabetes Mellitus.**—In treating a great many diabetes mellitus patients with Papine I have yet to see a patient that could not stop taking the papine at any time I so directed him. It does not seem to cause the least desire for its continuance, or to create the least disposition to the formation of a drug habit. This has proven itself to me on several occasions when I have had occasion to administer the drug for six consecutive months, and the patient to be able to stop at the end of that time with no bad effects or symptoms, which would surely have occurred had I prescribed opium or any of its preparations commonly in use to-day. With that reputation at its back, I use it more and more promiscuously today than ever before, and am always pleased with the results.—J. W. PEARCE, M. D., in Medical Brief.

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**Liquid Medicines vs. Pills, Tablets and Granules.**—Despite the pernicious activity of manufacturers of ready-made pills and tablets in flooding the market with all possible substitutes for tinctures, fluid extracts and solutions, it has been amply demonstrated that these solid forms of medicine can not compare in efficiency or in usefulness with the equivalent preparations given in liquid form.—Jour. Am. Medical Association, June, 1906.

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**X-Ray Burns.**—At the 337th regular meeting of the New York Dermatological Society, held Nov. 28th, 1905, the subject of x-ray burns was taken up, and Dr. Henry G. Piffard, Emeritus Professor of Dermatology in New York University, said, according to the Journal of Cutaneous Diseases, "that he had obtained the most benefit in treating these conditions from Antiphlogistine, chloride of zinc, high-frequency current, and ultra violet rays."

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**Treatment of Hay Fever.**—There is abundant clinical evidence to establish the claim that Uric-Antagon controls the progress of this disease and gives relief where its administration is continued throughout the season. Uric-Antagon is a purely vegetable pharmaceutical preparation, combining the alterative properties of *phytolacca decandra*, *serenaea serrulata*, *stillingia sylvatica*, *cimicifuga racemosa*, *aconitum napellus*, a trace not sufficient to unduly depress heart action. It contains no salicylate, opium, colchichum, or potassium

Favorable reports on the use of Uric-Antagon in hay fever come from so many responsible physicians that a trial of this carefully compounded preparation should be given in all these cases. A full size bottle will be sent to any physician who will pay expressage. Address the Anti-Uric Company, Peoria, Ill.

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Persistent pains in the leg may be due to obliterating endarteritis. This occurs occasionally even in young men, and often goes on to the production of gangrene. Both syphilis and excessive smoking are suspected as etiological factors.—*American Journal of Surgery*.

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The poison perils of the common commercial and unidentified witch-hazels of the market, adulterated with wood alcohol and formaldehyde, may be entirely avoided by prescribing and dispensing only Pond's Extract of *Hamamelis Virginica*. Pond's Extract has been the standard of purity, quality and strength among distillates of hamamelis for more than half a century, and its many medicinal and recognized virtues have doubtless contributed materially to secure recognition for *Aqua Hamamelidis* by the Committee of Revision of the U. S. Pharmacopœia, 1900, and its inclusion in the latter as "official."

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The Highland Brand Condensed Cream, put up by the Helvetia Condensing Company, has been used by us as an artificial infant food for eighteen years, in all cases where the natural mother's milk could not be had, and I know it has saved many lives. Three months ago I was called to a baby seven months old, weight ten pounds. It had been given every kind of food in the market, and medicine enough to start a drug store. I prescribed for soothing effect—R Tinct. opii comp. half dr.; fl. pepsin, one dr.; sp. belladonna, two drops; syrup lacticerum, one ounce; aqua pura, q. s. to four ounces. Give half dr. every two hours. Then evaporated cream, one oz to four ozs. boiling water, and sugar to taste. That was my first and last call there. The child at the end of three months weighed twenty pounds, sleeps well, and had no more medicine of any kind. Now every infant in that place is recommended to a diet of evaporated cream by a grateful mother.

CAROLINE M. von Lanhan, M. D., Chicago, Ill.

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I have used Sanmetto in cases of catarrh of the bladder and enlargement of the prostate gland with great success. In fact I never saw anything as near a specific. Henceforth I will not be without Sanmetto. Saw-palmetto substitutes, with the "same formula," do not nearly so well. I therefore with pleasure recommend Sanmetto to the medical profession.

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Wet dressings, especially the very useful Burow's solution of aluminum acetate, when applied to the hand or foot, usually cause maceration and whitening of the skin, which is apt to alarm the patient. The addition to the solution of one-fourth its bulk of glycerine or alcohol will obviate this unsightly maceration.—*American Journal of Surgery*.



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Indicated in flatulent colic, restlessness, etc.; 1 or 2 every fifteen to thirty minutes until effect; an excellent addition to aconitine in febrile conditions attended with cough and pain; should supplant all soothing syrups and be supplied by the physician himself in lieu thereof.

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Indicated in all forms of chronic constipation. A sufficient quantity (3 to 6 or more) should be given three times a day, to produce one daily stool, preferably in the morning, continuing steadily and reducing the dose as a curative effect is produced.

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SCOPOLAMINE AND HYOSCINE.\*

By John Uri Lloyd and W. N. Mundy, M. D.

**HISTORY AND CHEMISTRY.**—Scopolamine, the alkaloid recommended by Dr. Schneiderlin, was extracted by Schmidt, of Marburg, from the *Scopolami Japonica*, a perennial, herbaceous plant of the natural order *Solanaceæ*, popularly known as the Japan belladonna. The first chemical analysis, made by Langgard long ago, resulted in the isolation of an alkaloid, rotoine, from *roto*, the Japanese name of the plant, which exhibited all the properties of the alkaloids of belladonna. Scopolamine, indeed, exerts a mydriatic and a vaso-dilatory action, (*i. e.*, it dilates the pupils and blood vessels,) but it also possesses a narcotic power, which inevitably produces a profound and dreamless sleep.

There are four alkaloids of identical chemical composition, namely, atropine, hyoscine, cocaine, and scopolamine, their empirical formula being  $C_{17}H_{21}NO_4$ . In other directions, however, these alkaloids are very different substances. Still, the physiological action of hyoscine and scopolamine are so nearly identical as to lead to their substitution, the one for the other. In fact, excellent authorities state that scopolamine hydrobromide is identical with hyoscine hydrobromide, but lower in price. The question arises, then, Why, if they be identical, is the price under the one name less than it is when the same substance is sold under the other name? and this I will aim to explain, as follows:

The alkaloid discovered in scopolia, and named scopolamine, is probably a mixture of the alkaloid known as hyoscine and the alkaloid known as atropine, which alkaloids are obtained from scopolia in greater abundance than hyoscine is obtained from hyoscyamus. In other words, the alkaloid hyoscine, obtained in small amounts from hyoscyamus in

\* The therapeutical section of this paper is by W. N. Mundy, M. D., the historical and chemical part by John Uri Lloyd.

a very nearly chemical condition, is obtained from *scopolia* in larger amounts. Hence, when it is made from the drug *scopolia*, it can be sold cheaper than when it is made from *hyoscyamus*.

The physiological action of the material sold under the name *scopolamine* and the material sold under the name *hyoscine* are so nearly identical as to make them practically replaceable, (in some directions, at least,) the one for the other. In fact, the standard authorities at the present time consider them to be identical, and under the word *scopolamine* the latest authorities refer the reader for its action to *hyoscine*.

When this alkaloid unites with hydrobromic acid, it forms what may be called either hydrobromate of *hyoscine* or hydrobromate of *scopolamine*; but as the bulk of it is made from *scopolia* instead of from *hyoscyamus*, the term *scopolamine* is naturally being preferred by manufacturers. This term, however, is not as well known to physicians as the word *hyoscine*. Hence, physicians who find these terms used in replaceable positions may not comprehend just why the substance is thus separately designated.

To sum up, *hyoscine* and *scopolamine* are chemically identical, the one having been discovered in *hyoscyamus*, the other having been discovered in *scopolia*. The hydrobromate (or hydrobromide) of *scopolamine* has the same ultimate composition of the hydrobromate (or hydrobromide) of *hyoscine*, and thus permits of the same name. But since *atropine* and *cocaine* are also of the same chemical composition, it will be seen that this is not an evidence of identity in therapy. In our opinion, one has no more the right to dispense *scopolamine* for *hyoscine* than to label *hyoscyamus* as *belladonna*. J. U. L.

#### THERAPY.

In making a study of the physiological and therapeutical action of *hyoscine* and *scopolamine*, we are at once confronted by the confusion arising from the use of two substances alike in chemical composition, in physiological action, and, we believe, indifferently used, one for the other. In fact, Hare distinctly avers that much of the so-called *hyoscine* is in reality *scopolamine*, derived from *scopolia atropoides*; yet he treats them as separate remedies. Schmidt, who seems to have studied each, believes that they are identical alkaloids, and that the *hyoscine* of commerce is in reality *scopolamine*. H. C. Wood, Jr., however, makes the statement that while they are similar in their physiologic effects, and yet different enough to allow distinction, yet the present *hyoscine* of commerce is in reality *scopolamine*. He holds that the differences in the conclusion of Clausen and of Wood, who found that *hyoscine* slowed the pulse and depressed the respiration, and those of Kobert, who found that the drug acted on the pulse as did *atropine*, and had no effect upon

the respiration, are due to the fact that these observers were working with different substances. We will endeavor, as we proceed with these studies, to note the similarity of each as observed by the various investigators, yet the fact still remains that if the statements as noted above are true, we can not be positive which of the alkaloids was used by the author as quoted.

Though these alkaloids appear upon the market in various combinations, as the hydrobromate, hydrochlorate, sulphate, and hydriodate, the first named appears to be the one most extensively used.

Bartholow makes no reference whatever of scopolamine, but from the physiological and therapeutical action given, it can be easily seen that no distinction between the two alkaloids can be made. His conclusions are based upon what is supposed to be hyoscine. The physiological conclusions are given thus: "Its physiological effects correspond closely to that of atropine, though corresponding doses of the latter are more powerful. Its physiological symptoms are: drowsiness, delirium, dilatation of the pupil, increased rate of the cardiac and respiratory movements." This last statement does not, however, agree with the observation of others, as will be noted further on.

Hare describes each alkaloid. The physiological action of hyoscine is thus described: "It quiets the cerebrum and produces sleep. An overdose causes a loss of reflex action, which is due to a paralysis of the spinal cord. Upon the circulation it has but little effect, influencing the vagus as does atropine, which is at first stimulating, and finally paralyzing." Turning now to a study of the physiological action of scopolamine, we are estopped by the simple statement that it is closely allied to hyoscine, and that it is probable that much of the so-called hyoscine is scopolamine.

Professor Kobert describes their action conjointly thusly: "Scopolamine and hyoscine are the same in action, but differ from atropine in their action upon the pulse. Atropine accelerates it; scopolamine does not. Scopolamine tends to paralyze the functions of the cerebral cortex and to retard the heart's action." Kobert, Sohrt, Konrad and Schleussner assert that hyoscine is eliminated from the system as such. That it retards respiration, slows the pulse, dilates the pupil, diminishes secretion and respiration, but has no action upon the cord or motor area of the brain.

K. L. Pavloff has studied the physiological action of hyoscine upon cold- and warm-blooded animals. He used the hydrochloride. He summarizes his studies thus: "Dose of one sixty-fourth grain slows the action of the heart by stimulating the peripheral cardio-inhibitory apparatus. Larger doses accelerate cardiac action, increase muscular



contractility and the irritability of the spinal cord, and the conducting power of the motor nerve. It slightly depresses the excitability of the peripheral sensory nerves. Still larger doses intensify these symptoms and lowers reflex action. Toxic doses produce diastolic arrest of the heart, loss of the reflexes and of the function of both sensory and motor nerves, and finally cerebral paralysis."

The action upon warm-blooded animals is thus described: "The drug at first diminishes and then afterward increases the cardiac beats by primary stimulation and a secondary paralysis of the peripheral cardio-inhibitory apparatus. It then diminishes the pulse by depressing the excito-motor apparatus. Blood pressure is increased through a stimulation of the spinal and vaso-motor centers, and is later decreased, owing to an exhaustion of the cardiac vessels. It retards respiration, diminishes the secretion of saliva; depresses the motor area of the cerebral cortex and lowers sympathetic sensibility. It causes a prolonged dilatation of the pupil, due to a stimulation of the sympathetic nerve. It produces no action upon the peripheral or visceral temperature, nor does it accelerate the process of deoxidation of the blood. Its action seems to resemble atropine, but differs from it, in that it depresses cerebral irritability."

Possibly as good a manner in which to study their physiological action upon the human body is by a study of the symptoms of poisoning as produced by their use, several of which are recorded.

S. W. Morton reports a case of poisoning by hyoscine in a man weighing two hundred pounds, to whom one seventy-fifth grain of hydrobromate had been administered for sleeplessness. In five minutes after the injection, dryness of the mouth and throat was noticed, with a constant desire, but inability to swallow. In five minutes more speech became thick, and was accompanied by a complete paralysis of the soft palate and upper lip, the latter being limp and immovable over the upper teeth, and gave to the already impaired voice a muffled sound. The pupils were slightly dilated.

Joseph G. Gibbs also reports a case of poisoning resulting from the administration of one-fiftieth grain of the hydrobromate to an ataxic man. The symptoms produced were wild and active delirium. Clonic convulsions in the arms and legs, and opisthotonos. Dryness of the mouth and throat, and a desire but inability to swallow, and paralysis of the upper lip.

W. A. Cary reports a case of poisoning resulting from the 100th of a grain, which was repeated in two hours. In addition to the dryness of the mouth and the delirium, he reports muscular tremors, accelerated respiration, visual delusions, and intense but unsuccessful desire to urinate.

W. A. Edwards reports a case of poisoning resulting from the administration of 1-120th grain of the hydrobromate. The symptoms noted were principally nervous, ending with an active delirium, accompanied also by visual delusions. Articulation was inaudible and deglutition difficult. Retention of the urine for thirty-six hours. Respiration hurried and shallow and the rhythm irregular. Pulse irregular and weak. All these symptoms passed away in a few hours, save only its mydriatic influence, which persisted for twenty-four hours. Magnan and S. Lwoff report erythema also as resulting from hyoscine.

We have not been enabled to find cases of poisoning from scopolamine reported with as much care as from hyoscine, save only in those resulting from its use as an anesthetic. As we proceed with the study of their therapeutical action, the similarity will be noted.

Hyoscine, said to have been first used medicinally by Hirschberg in 1881, appears to have its greatest field of usefulness in mental diseases, and is recommended in acute mania, chronic dementia, chronic alcoholism, paralysis agitans and nymphomania.

Bruce and Hare ascribe to it hypnotic powers, but Hare again asserts its action in this channel is limited to cases of acute mania, alcoholic mania and hysteria. He says its applicability is limited, and its administration often followed by untoward effects.

Emmert, quoted by Bartholow, claims for it energetic mydriatic properties even superior to atropine.

In the *Reference Handbook of Medical Sciences*, page 487, the author says: "Hyoscine is supposed to be identical with scopolamine. It is a rapid, energetic mydriatic. The dilatation is more marked with a one-fourth to one-half per cent. solution than with a one per cent. solution of atropine. It should be used with caution, on account of the readiness with which the system is affected. It is classed as a sedative and hypnotic in cerebral excitement and nervous diseases. It is recommended in acute mania and delirium tremens, restlessness and violence in all forms of mental diseases, hysteria and epilepsy. Its sedative action is rapidly produced, and a calm, refreshing sleep ensues."

Kobert claims that it is only a feeble hypnotic for the healthy man. In mental diseases, however, it acts so powerfully that no other remedy rivals it. Tweedy, in commenting upon it, claims that a one per cent. solution of the hydrobromate is a rapid, powerful and unirritating mydriatic, producing dilatation of the pupil and paralysis of accommodation more rapidly than atropine, and not so easily counteracted by eserine.

All authors are not agreed as to its safety. Konrad claims it should not be used in or where either cardiac or pulmonary diseases exist, and



J. J. Weaver says its action is unfavorable as a sedative and hypnotic, whilst Walter S. Coleman and J. Taylor say it never failed to act as a prompt and powerful sedative in mental excitement.

When we turn from the study of hyoscine to scopolamine, we find that the researches seem to be confined almost entirely to its action on the eye and as an anesthetic. Neither its physiological action nor its therapeutical, outside of the channels indicated, seem to have been studied thoroughly.

Hare says its therapeutic uses are confined chiefly to the ophthalmic surgeon. Upon the eye its action is far less irritating than the alkaloids of hyoscyamus or atropine; 1-480th of a grain dropped into the eye in one dose will produce mydriasis in eighteen minutes and ciliary paralysis in twenty-three. This mydriasis lasts for seventy-two hours and the paralysis ninety-six. This latter he has copied from Oliver, whose studies will be more fully referred to later. Internally, he says, it is a fairly powerful soporific in nervous insomnia and the sleeplessness of mania, using by preference the hydrobromate.

Rahlman uses it as a mydriatic and antiphlogistic, claiming that it surpasses all other tropines, having no disagreeable effects upon the secretions and appetite. He uses it in iritis and episcleritis when the powers of the body are depressed, and an application is desired that produces an improved condition of the eye and of the general health as well. He claims, moreover, that it does not influence intra-ocular pressure, and is, therefore, of advantage in glaucoma.

T. E. Murrell asserts that the hydrobromate of scopolamine is a most positive and prompt cyclopegic; one-tenth of one per cent. solution, a few drops of which instilled into the eye produced a thorough suspension of accommodation, which is free from the danger of increased tension, and causes no redness of the conjunctiva nor engorgement of the choroid, and no unpleasant symptoms other than its physiological action upon the eye.

S. Tomasini uses the hydrobromate and sulphate, and claims that a hypodermic injection of either, varying from one-fiftieth to one sixty-fourth of a grain, induces sleep in from two to three minutes, which is quiet and restful. The pupil is dilated. In maniacal cases and in periodic insanity, he says it is a remarkable sedative. Habituation is easy, therefore the dose must be rapidly increased.

The most exhaustive studies of this drug we have been enabled to find are those of Arthur G. Hobbs and Charles A. Oliver. Both have, however, confined their study to its action upon the eye. The former asserts it occupies a middle ground between atropine and homatropine. If, he says, a 1-20 per cent. solution be used at intervals of fifteen min-

utes for one hour, the full effect is reached quite as completely as that produced by a three days' use of atropine. The paralysis produced lasts from one and a half to three days. He further says it does its work more quickly than either of the other drugs. Its effects decline in from one-fifth to one-sixth of the time required for atropine. It produces no unpleasant effects in the throat. He recommends it in glaucoma and iritis. It produces no increased tension, hence its use is not restricted by glaucoma.

Charles A. Oliver has made a study of the action of scopolamine upon the iris and ciliary muscles and of its therapeutical action in plastic iritis. He sums up his studies in the former instance thus: "The early and complete paralysis of the ciliary muscle that can be obtained by a single instillation of the one-fortieth of a grain of the hydrobromate of scopolamine and the rapid and full return of the action of the muscle render this drug in this amount the most efficient and the most valuable cyclopegic that can be used for the proper determination of the total amount of ametropia.

"2. The comparative rapid return of the full dilatation of the pupil produced by the single instillation of the 1-480th grain of its normal pupillary width renders the drug in this strength less objectionable than those drugs which, by reason of necessarily greater strengths to afford proper cyclopegic work, must be employed in amounts that give more permanent mydriasis.

"3. The perfect freedom from injurious constitutional effects when the 1-480th grain is used renders the drug in this amount absolutely safe for employment in all cases in which total cyclopegic becomes necessary."

Speaking of its therapeutical value, he says its greatest value is in the local treatment of the various forms of plastic iritis.

Rahlman says it is isometric with atropine, hyoscine, duboisine and daturine, but excels all these as a mydriatic, and has no untoward effects.

Scopolamine has also been commended as an anesthetic agent in connection with morphine. Korff recommended it in the dosage of one-tenth milligram of scopolamine (1-640th grain) and twenty-five milligrams of morphine (2-5th grain), which quantity is divided into three doses, one of which is to be injected two and one-half hours, another one and one-half hour, and a third one-half hour before the operation. American surgeons have used much larger doses. Schneiderlein and his school employ a solution containing from a milligram to one and a fourth milligram of scopolamine to the cubic centimeter of water. They make the first hypodermic injection two hours, a second one hour, and a third one-half hour before the operation. As an antidote and to guard

against accident, a small quantity of hydrochlorate of morphine, one centigramme to the cubic centimeter, is added to the solution. Fifteen to twenty minutes after the first injection the patient feels an irresistible desire to sleep, and falls into a calm and natural sleep. After the second injection his slumber becomes more profound and his reflex irritation diminished. After the third, the sleep becomes so deep and anesthesia so complete that the surgeon is enabled to operate. The slumber is not so deep, however, that the patient can not be aroused by a loud shout or noise; the operation must, therefore, be conducted in silence, and the patient moved no more than is absolutely necessary. Anesthesia persists so long after the operation, he may sleep for several hours after the operation is completed.

The *Lancet-Clinic* of November 18, 1905, contains the account of a death from scopolamine-morphine anesthesia which is instructive. A dose of trional had been given at 8:30 P. M. At 7:30 A. M. scopolamine 1-100 grain and morphine sulphate 1-6 grain was given by hypodermic injection. The effect was noticeable in fifteen minutes, the patient being asleep. Thirty minutes after receiving the dose she was completely unconscious, slightly cyanosed; pulse 120 and throbbing; respiration 20, but very shallow; abdominal muscles and intercostals rigid, so that it was impossible to compress the lower chest and epigastrium. The pupils were markedly contracted. The jaw dropped, mouth open, eyeballs turned up, no sweating. Coffee, salt water, nitroglycerine, strychnia and whisky were given and artificial heat applied. The heart and lungs both failed. The heart continued to act after the respirations ceased.

W. C. Abbott, in the *International Journal of Surgery* for February, 1906, speaking of scopolamine-morphine anesthesia, makes this remark: "When scopolamine is mentioned, it is to be understood that hyoscine is meant, and as this is fully synergistic with morphine as an aesthetic, the combination is legitimate." This hardly agrees with the first part of this paper, in which the statement is made that a large part of the hyoscine of commerce is in reality scopolamine.

Dr. Voigt, in the Gynecological Clinic of Jena, reports two cases of death from morphine-scopolamine narcosis. "Among one hundred operations, only six could be carried out without further resort to another anesthetic, generally ether. In fourteen cases the morphine-scopolamine anesthesia failed completely. Disagreeable by-effects, especially excitement, were observed in thirty-two instances. The weak point of morphine-scopolamine anesthesia is its unreliability, which is due to the inconstancy of scopolamine preparations as well as to frequent idiosyncrasies toward the drug."

Gauss reports its use in three hundreds labors. In most cases a result could be distinctly observed, and in the remainder there was a varying degree of success.

**HYOSCINE.**— $C_{17}H_{21}NO_4$ .  
**HYOSCYAMUS.**

**PHYSIOLOGICAL ACTION.**

Drowsiness.  
Dilatation of pupil.  
Loss of reflex action.  
Paralyzes the functions of cerebral cortex.  
Increases then retards heart's action and pulse.  
Blood pressure increased, then diminished.  
Retards respiration.  
Diminishes salivary secretion.

**THERAPEUTICS.**

Alcoholism.  
Mania.  
Hysteria.  
Insomnia.  
Insanity.  
Hypnotic.  
Mydriatic.

**SCOPOLAMINE.**— $C_{17}H_{21}NO_4$ .  
**SCOPOLIA ATROPOIDES.**

**PHYSIOLOGICAL ACTION.**

Unconsciousness.  
Dilatation of pupil.  
Loss of reflex action.  
Paralyzes the functions of cerebral cortex.  
Increases then retards heart's action and pulse.  
Blood pressure increased, then diminished.  
Retards respiration.  
No sweating.

**THERAPEUTICS.**

Mania.  
  
Insomnia.  
Insanity.  
Hypnotic.  
Mydriatic.

## **SPECIFIC MEDICATION AND SPECIFIC TREATMENT.\***

**By Wm. P. Best, M. D., Indianapolis, Ind.**

The pathology of a given case may say in a manner so emphatic and specific that a certain thing needs attention, and that outside of medicine, strictly speaking, we will need to take heed and perform what is indicated as a part of specific treatment.

Do not understand that reference is made to "specific treatment" as that term is usually construed. We have a certain pathology before us that can not be entirely reached by medicine. To illustrate: You may see a patient suffering from ovarian pain, soreness in the pelvis, painful and distressing menstruation, backache, nervous reflex annoyances, etc. Your patient may have a depression of spirit, vague forebodings of ill or misfortunes, muscular soreness with a backache, making a clinical picture that recalls to your mind the use of pulsatilla and macrotys as the specifically indicated remedies to overcome the pathology present.

As a part of your specific diagnosis, that your knowledge of the existing pathology may be complete and your reasoning logical, and

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\* A portion of a lecture delivered at the E. M. Institute

conclusions founded on all the facts, you will request a careful physical examination.

You would at once recognize, say, a prolapsus uteri, a retroversion, or an anteversion, and immediately to your mind comes the thought of a need that medicine, in the very nature of things, can not supply. A part of good treatment, a part of specific treatment, is to meet this need. The proper function, ease, comfort and well-being of all or any part of the system depends, in part at least, in the preservation of proper anatomical relation of the organs to one another.

You will then understand what is meant by specific treatment as the expression is here used. We all recognize the need, in fact, the necessity, of correcting the abnormal position of the uterus, that our further efforts may not be futile and the practice of medicine have an undeserved criticism lodged against it. A multiplicity of duties, therefore, are always the lot of the conscientious and successful physician.

We must ever look ahead; we must keep an eye to the welfare of our patient from every point. We must not satisfy ourselves with the simple reading of the indications for drugs. Drugs, of ever so great value, can not relieve this patient until you relieve the congestion of the ovaries by taking off the mechanical pressure, by straightening the acutely bent blood vessels supplying these organs. Pain and reflex neurotic conditions will have relief when the proper means are applied after overcoming the malposition of the part.

It is not at all uncommon to find a patient obstinately constipated, who has run the full list of laxative and cathartic medicines from the hands of the careless prescriber and proprietary products. Make a specific diagnosis of this case. Has your patient an abnormally tight sphincter, due to some rectal irritation? Have you a patient suffering from hemorrhoids, fissure of the rectum, or an enlarged prostate, that makes defecation painful or difficult? Has your lady patient rectal disease, or a mechanical obstruction due to a retroverted uterus? Has she a lacerated perineum that permits a rectocele to pouch forward, encouraging the condition you are asked to relieve?

It is very easy to see how any well-directed medication may be inefficient should the prescriber be so short-sighted as to undertake to meet such a case with only a recognition of the effect, allowing the cause to escape his notice.

It is almost needless to add that we must insist upon a thorough and complete knowledge of all the pathology in each case and fit our treatment to the existing conditions. A tight sphincter must be overcome and the irritation causing it removed. If hemorrhoids exist, they must have such attention as the exigencies of the case demands, treat-

ment or removal. Fissures must receive appropriate surgical or medical treatment; an enlarged prostate must be carefully treated to remove the infiltration, if possible, and allay the tenderness. If the caliber of the bowel is mechanically obliterated by a displaced uterus, the organ must be restored and maintained in its proper place by mechanical or surgical means before we can hope to get any permanent good results from medicines directed to the encouragement of normal defecation. Cascara, pod., anti-bilious phys., aloin, nux, etc.

One of the most common complaints of your lady patients will be of leucorrhea. The pathology back of this unpleasant disease is frequently no more than that of a chronic catarrhal disturbance of the mucous membrane of the vaginal canal. It will in such a case usually be relieved by douches of borax, calendula, boracic acid, or hydrastis. Internally we will be governed, as in the selection of local means, by the specific indications. Puls., hydras., can. pinus.

General atony of the mucous surfaces, with a profuse non-irritating discharge, patient showing an atonic condition of the digestive apparatus, will be relieved by the use of hydrastis locally and internally. Lloyd's hydrastis, dose gtt. v. to xxx. every three or four hours, and after a hot cleansing douche of sterile water, use *R.* Lloyd's hydrastis one part to sterile hot water eight parts. Repeat twice or three times daily. If the mucous membranes are pale white and the discharge acrid, use *R.* hot sterile water *Oj.* or *ij.*, soda bicarb. half to one tablespoonful. *M. Sig.*—Use as directed one to three times daily. (Proper use of the syringe.) In such a case as the last mentioned we would give the bicarbonate or sulphite of soda internally.

*R.*—Pinus can.; one or two teaspoonfuls to hot s. a. o. i. *M. S.*—Inject when there is a very profuse discharge.

If we have a chronic endometritis, endocervicitis, or a salpingitis, our patient will not be able to differentiate between the conditions, nor will we unless we make a careful study of the pathological conditions present, and this is hardly possible unless a careful exploration of the parts is made. Little good would result from douches and internal medicines if we are neglecting any one of the conditions last mentioned. As a part of specific and good treatment, we must do the needed work to aid in the removal of these inflammatory or infectious disturbances. We may have a chronic endocervicitis or endometritis, and as yet no medicine has been evolved that will relieve the disease until a curettment repair of lacerations or the removal of pus tubes is accomplished. These things done, we will see much good following the administration of any remedy indicated by the existing conditions.

A part of specific treatment in this case may be the use of the proper



remedy locally on a tampon of cotton or wool. We may use glycerine, or glycerine and hydras., or glycerine and hamamelis, glycerine and ichthyol, borated solutions, etc., as indicated.

The after effects of a neglected abortion will impress you with the necessity for doing more than using the indicated remedy internally. Sub-involution is one of the most common and simple disturbances that follows abortion. The same may follow an ordinary, full-term labor, and the care, treatment and medication will differ only as the phenomena differ in individual cases.

The specific treatment of sub-involution includes anything that a specific diagnosis may point out. It is, therefore, necessary to make a most searching examination of the affected part, and select the means and medicines that are indicated.

If an abortion has occurred, and the membranes have been cast off, it remains for you to reduce the enlarged uterus, thereby taking away the pressure, allaying the disturbance of circulation, and the reflex annoyances that such cases will develop.

If the womb be congested as well as enlarged, *R. glyc. and ham. aa.* S.—Apply on a tampon after a hot douche of solution of borax, one or two teaspoonfuls to a pint. Remove the tampon after twelve or twenty-four hours, and repeat the hot douche. Use the tampon every day, or on every third day, as needed. Internal medicine also.

If the uterus and vaginal membranes are relaxed and boggy looking, use glyc. and hydras. If added to the conditions mentioned there is congestion, we may use ham. or ichthyol, as indicated.

Where an abortion or a long-standing endometritis gives a discharge that is foul, the specific thing to do is to perform a thorough curettage, after which hot cleansing douches of borax or boracic acid are to be followed with alphozone, chlorate of potash, or carbolated washes, and a tampon carrying calendula, ichthyol, boracic or salicylic acid in solution, with or without glycerine, but usually with it.

A curettment may not fully overcome the fetid leucorrheal discharge, and future treatment may be required to complete the cure. The internal treatment will require the assistance of local applications to obtain best results. A catarrhal discharge following curettment may likewise need attention, and in this case, as in the other, the indicated remedy must be selected.

Chronic irritation of the pelvic organs may leave sufficient ovarian disturbance that, after such treatment as seems indicated has been given, the ovaries will require the administration of further medicine to complete the cure. Puls., helon., mac., bry., caul., bell., mang., hyos., etc.

Spinal irritation, neuresthenia, and the many neurotic disturbances which attend chronic diseases of the pelvic viscera, are conditions that are many times overlooked or neglected.

**LOCAL TUBERCULOSIS.****By W. B. Church, M. D., Cincinnati, O.**

[Concluded from page 389.]

It was not until the true nature and cause of the disease was announced by Koch that all these questions were cleared up. Bacteriologists found the puriform fluid filling a cold abscess, although resembling pus in appearance, was not true pus, but the debris of tubercular processes, produced by softening and liquefaction of tubercle, and containing dead leucocytes and germs. That it proves a good soil for germ culture, and is, consequently, especially prone to septic infection. Such infection was a necessary incident, when opened without aseptic precaution. It also soon followed spontaneous opening, because no attempt at antiseptic dressing was made. Herein lies the real secret of the successful treatment of local tuberculosis. Spontaneous opening should always be anticipated by early opening with the knife, as extensive disfiguring scars may be prevented, and especially because measures can be taken to prevent infection. The opening should, when possible, be made without connecting the abscess with a cavity which can not be made sterile. For instance, a retropharyngeal abscess, produced from tuberculous caries of the cervical vertebra, should not be lanced through the posterior pharyngeal wall, because the mouth and post-nasal space can not be completely disinfected. Such an abscess can easily be reached by dissecting through the tissues on the side of the neck. It is usually easy to decide on which side it comes nearest the surface. After freely opening, remove content with a dull curette, pack cavity loosely with iodoform gauze, and place an ample gauze dressing, with as strict asepsis in every detail as you would after a laparotomy. This first dressing may be left four or five days. Redressing is then made, with equal care to avoid infection. If the cavity is large, some strands of catgut may be utilized for drainage, but ordinarily no drainage will be required. The second dressing may be left undisturbed for a week, when it will be found that closure and cure has been obtained, without pain, fever, or morbid symptom of any kind from first to last. This method is applicable to any abscess so situated that infection can be prevented.

How often, oh, how often, in the days that have gone by, have psoas abscesses been opened without antiseptic precautions, or perhaps spontaneously, and nothing done to prevent infection. Many times, indeed, is infection invited by poultices, the result being in striking contrast to that just considered—absorption, pyemia, with attendant chills, fever, sweating, emaciation, and often serious deformity or death.

The difficulty of avoiding infection in psoas abscess will prompt us to endeavor, in cases seen early enough, to secure absorption or casea-



tion. A case referred to me by Dr. Snyder, of Hastings, a girl of seven years, will illustrate. There was tenderness and pain on pressure over the lower lumbar vertebræ, with a developing abscess, inability to stand erect; when required to try to walk, would stoop far forward, and rest her hands on her knees for support, giving evidence of pain. She was put to bed, given generous diet, with baths and massage, and twice a week a parenchymatous injection of a ten per cent. emulsion of iodoform, receiving six in all. The swelling over right hip posteriorly then subsided, and after three months a plaster cast was applied, covering body to the thorax; this enabled her to stand and walk and be out of doors a good deal. Two successive casts were applied at intervals of three months, and for the past three years she has been well, attending school, and active and strong apparently as her schoolmates. Iodoform has the property of inhibiting germ activity.

Last April Mr. J., of Cincinnati, brought his little boy to my office on account of a swelling in throat, making it difficult to swallow; there was fullness on left side of neck, and a disposition to keep the head thrown back. He was pale and somewhat anemic, but did not appear to suffer much when quiet. A diagnosis of retropharyngeal abscess was made, probably tubercular. The father seemed loath to accept the idea of tuberculosis, saying there was none in either side of family; admitted loss of two children, however, from diseases which, by his account, may have been tubercular. The abscess was opened on the side of the neck, as directed above, and treated as already detailed, with prompt recovery. He is taking remedies to promote nutrition and blood-making, and change of residence to suburbs advised. Too little time is left for any proper consideration of bone and joint tuberculosis.

The principles of the treatment have already been indicated. Early interference before extensive caries has occurred to necessitate mutilating operations. Very careful asepsis, the chief aim always being to avoid infection. If already infected by pyogenic germs, radical measures to remove all infected tissues, and establish drainage with antiseptic irrigation. If seen early, an incision may not be necessary. Immobilization to secure rest of the part, injection of iodoform emulsion to arrest germ action, will often, combined with suitable hygienic and supporting treatment, obviate the necessity of any resort to operative measures.

The design has been throughout to emphasize the importance in the management of all forms of local tuberculosis of having due regard to the necessity of maintaining strict asepsis. This being secured, this class of diseases is very amenable to treatment.

The importance of climate has been overestimated. The immunity

apparently existing in certain districts has been found to be due to sparse settlement, and to disappear when settlers came in freely. The outdoor treatment is valuable only in cases that thereby secured a more germ-free air.

The profession may be said to be always on trial before the courts of public opinion. The cause being pressed against us at present concerns our responsibility for the terrible ravages of tuberculosis.

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### PUERPERAL INFECTION.\*

**By Moody M. Harvill, M. D., Nashville, Tenn.**

There is no subject coming within the range of obstetric practice that has caused such diversity of opinion and wide discussion as that of puerperal infection, or septicemia. It has given rise to endless controversy. Post-mortem appearances and preconceived notions have induced many writers to offer their views on the nature of the disease with dogmatic precision.

Some claim that it is a local inflammation, such as peritonitis; others such as metritis, phlebitis, metro-peritonitis, or a zymotic disease which affects only the puerperal woman. Modern investigation, however, has proven that it is not to be considered as something special to the puerperal state, it being produced by pathogenic infection where there are injuries along the parturient canal, such as laceration of the cervix, vagina and perineum, or lesions resulting from the separation of the deciduo and placenta, and the retention and decomposition of portions of the secundines.

The history of puerperal infection dates back prior to the time of Hypocrates. Harvey and others made some creditable observations on its etiology, while it yet remained for Strother in 1716 to name it "puerperal fever," but it was not until the latter half of the last century that it came prominently into notice.

Back in the early history of the disease epidemics were common and the death rate high, often reaching 19 per cent.

Owing to antiseptic precaution and specific treatment the up-to-date obstetrician has comparatively no deaths.

That infection at the present time is overlooked, being mild, we do not doubt, but such a condition of circumstances is not justifiable, and a radical improvement should be attempted, with assurance of great success.

Puerperal infection in almost every instance is caused by the introduction of certain micro-organisms from without.

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\* Read before the Tennessee Eclectic Medical Association, May, 1906.

The three etiological factors to be considered are, viz.:

First — The organism causing sepsis.

Second — Method of infection.

Third — Conditions predisposing infection.

The organism causing sepsis may be divided into two classes: First, those which produce true infection, and, second, those which are purely local.

Among the first class the most common is the streptococcus; the next is the staphylococcus aureus and the colon bacillus.

The second class is the germs of decomposition, or putrefactive germs, saprophytes.

The germs of decomposition feed upon dead tissue, such as pieces of the placenta, blood clots, and decidual fragments, and have no tendency to invade the adjacent tissues or the general circulation; however, they produce toxins, which enter the circulation and give rise to ptomaine poisoning; while, on the other hand, the pathogenic organisms have the power of reproducing themselves and invading any tissue or organ of the body.

In the milder cases of infection, however, their effect is purely local. The gonococcus, the bacilli of diphtheria, typhoid fever, pneumonia and tetanus, are supposed to also cause puerperal infection.

Infection is communicated by infectious material coming in contact with some portion of the birth canal. This source of contact is usually the hands of the operator, the instruments, sponges, bedclothes, or nurses.

Even in the most natural and easy labor there will be slight lacerations or abrasions, which are of no consequence except for the easy introduction and starting point of infection.

Anything which reduces the vitality of the tissues, such as shock and exhaustion from any cause, anemia from excessive hemorrhage, bad surroundings, etc.

Primiparæ are more subject to infection than those who have previously given birth, owing to the fact that labor is prolonged, vaginal examinations more frequent, and lacerations more liable to occur. Hence primiparity should be laid down as one of the predisposing causes of infection. Male children, being larger, cause more lacerations, will also come in as a possible source of infection. Tedious and complicated labor, which necessitates more operations and manipulation, can also be considered as a predisposing cause of sepsis.

Placenta previa, placental and decidual retentions, are to be regarded as predisposing causes of infection.

There are so many varieties of septic infection, and so many parts and organs which are liable to be the center of infectious forces, that I shall attempt only to give the general symptoms, or such phases as seem common to this trouble.

First of all, we have an elevation of temperature, which occurs about the third day. The pulse is increased in frequency, with some discrepancy in proportion to the amount of fever, this in itself being a valuable diagnostic symptom. Liebermeister gives the pulse rate which should result from corresponding temperature markings: Temperature 98.6°, pulse rate 78; temperature 100.4°, pulse rate 88, and so on; that when the temperature reaches a point of 107 F, the pulse rate will be 121.

The patient may complain of chilly sensations or have a chill, but this is not always the case in milder forms of infection; however, it may be present in any type of the disease.

There may be pain and tenderness in the pelvis, but this is not by any means present in all cases. Distension of the bowels, nausea, coated tongue, constipation or diarrhea, sleeplessness and delirium may be present, but do not necessarily have to be present in order to assure our diagnosis.

The uterus is soft and flabby, and the process of involution is considerably disturbed. Headache is a prominent symptom. The quantity of lochial discharge is greatly diminished for twenty-four to forty-eight hours at the outset of the attack.

Foul odors, except in retained secundines, is often absent, even in severe varieties of puerperal sepsis.

To make a long story short, we would give as positive evidence of septic infection, an elevation of temperature with discrepancy of pulse rate; sensitiveness about the pelvic organs; disturbed involution, and a constant diminution of the lochial discharge.

#### TREATMENT.

I believe in the doctrine of "a stitch in time." Therefore preventive treatment should be our first thought where we are in touch with our patients.

If the parturient woman is carefully looked after and given the proper attention and treatment beforehand, the chances for infection are very materially lessened.

The free use of Epsom salts, alone, or combined with cream of tartar, is one of the very best ways of getting rid of the stagnant materials so often present in the parturient woman who goes to her full term with little or no attention.

She should be advised as to hygienic measures, such as outdoor life, hip sponge baths, and mental and physical worry. Meat-eating should

be substituted with fruit and vegetables, eaten preferably raw. If needs be, they should have such remedies as *spcs.* black haw, *mocrotys* and *pulsatilla*, or any other remedies that seem specifically useful at the time.

Gentlemen, I do not like the term "aseptic" as applied to the necessary conditions of the puerperal patient. I much prefer "cleanliness," because it means about the same, and doesn't worry your patient.

The physician, the nurse, the bedclothes, towels, instruments, and, in fact, everything in connection with the case, should be absolutely clean.

#### SURGICAL TREATMENT.

Curettage is usually indicated if there be putrefaction of remains of the secundines, but under no other circumstances. I am positive that Eclectic treatment reduces greatly the per cent. of surgical cases, hence I shall proceed to the curative treatment and leave the surgery for the surgeons.

The treatment of puerperal sepsis is local and constitutional. The local treatment consists of douches, baths, etc. Douches of a solution of equal parts of carbolic acid and glycerine, a teaspoonful to the quart of warm water, once daily, is about all that is required to counteract the bad smelling odor of the lochial discharge and for the purpose of a local disinfectant. Warm or hot sponge baths once or twice in every twenty-four hours are positively indicated for the purpose of general cleanliness and to insure a free and natural action from the skin.

The constitutional treatment consists of such remedial agents as sedatives, stimulants, blood fertilizers or antiseptics, etc.

Among the sedatives, we would rely on aconite for the small, frequent pulse, veratrum for the full, bounding pulse, and jaborandi in sthenic conditions, where there is acute suppression of secretions of the skin, with distress, sharp, hard pulse, dry skin, dry mucous membranes, and dark colored urine with high specific gravity.

With the above indications, jaborandi is one of the very best remedies in puerperal sepsis, and I believe in the mild, acute stage, jaborandi alone will abort many cases. Jaborandi is positively contra-indicated in asthenic conditions. If the fever shows a high degree of nervous tension, the eyes bright and pupils contracted, we would give gelsemium in good sized doses, with absolute certainty of giving relief and abating the fever. If the patient shows a restless turning about, with elongated and pointed tongue, pupillæ upon the tip and edges, *rhus tox.* will become the remedy. One of our very best remedies is belladonna. Its specific and invariable influence is to overcome or antagonize congestion. The specific indications for belladonna are dull eyes, dilated pupils, inclined to sleep with eyes partially open, and capillary stasis, with cold extremities.

In prolonged cases, where sthenic conditions prevail with continuous high temperature, rapid, feeble and easily compressed pulse, digitalis is a safe and reliable remedy.

As an antiseptic remedy in puerperal sepsis, the medical profession is hardly looking for a more satisfactory and successful remedy than *echinacea angustifolia*. We find it well indicated in all septic or zymotic conditions, if we have the full, dirty or dark-brown coat upon the tongue. Given in ten to twenty drops every two or three hours, it begins at once the destruction of the pernicious germs of puerperal sepsis.

Gentlemen, we can not close this paper without mentioning our sulphurous acid and our sulphite of soda. You know the indications for their use, and the pleasing results they have given you. Use them in puerperal septicemia with the same indications as you would elsewhere and you can not be disappointed.

These two old remedies sound to me like the A, B, C of specific medication, and their scientific uses a monument to the immortal John M. Scudder.

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## LIQUID MEDICINES vs. ALKALOIDS—FROM THE STANDPOINT OF AN OUTSIDER.

By J. M. French, M. D., Milford, Mass.

I call myself an outsider, in the sense that I belong to the Massachusetts Medical Society, which expressly refuses to admit to its membership any person who professes to practice allopathy, homeopathy, hydropathy, eclecticism, or any exclusive system of medicine. But if it be true, as is stated by Prof. Rolla L. Thomas in his recent work on "The Eclectic Practice of Medicine," that the distinguishing characteristic of modern Eclecticism is not the choice of the best in therapeutics, nor even the predominant use of the vegetable remedies, but solely the doctrine of specific medication, then I may call myself a pretty good Eclectic, for since my student days, when I read Professor Scudder's inimitable monographs on "Specific Diagnosis and Specific Medication," I have been a steadfast believer in the doctrine of specific medication, and have made use of it in my practice as far as I have been able.

I have been an interested reader of the discussion which has been going on between Dr. Pitts Edwin Howes and his critics as to the relative merits of liquid medicines and alkaloids, and have much enjoyed the sharp thrusts which have been given on both sides of the question. But it seems to me that Dr. Howes has made too much of the mere form of a remedy, which is, indeed, in most cases, a mere matter of convenience. Personally, I find good results following the use of both liquid medicines and alkaloids, or more definitely, the specific medicines



and the alkaloidal granules. My position in this matter is also that of a considerable number of the members of the so-called "regular" medical profession. It was well expressed by Dr. J. R. Phelps in his discussion of this same question in the April number of *The New England Alkaloidist*, when he says: "Now, while the value of alkalometry has forced itself upon my notice, and convinced me that it is a superior system of therapeutics, I am no blind adherent of the system, and shall not be while Merrell and Lloyd make tinctures."

Of course, when I administer the granules, I give them by preference in solution, and then they are surely liquid medicines, and entitled to all the excellencies which are claimed for this class of remedies by Dr. Howes. But when I carry them in my pocket-case, I prefer them in the granule form, as cleaner, less bulky, more conveniently handled, and not complicated in their action by the addition of alcohol.

Dr. Howes says that the gist of the argument in favor of the liquid medicines as opposed to the alkaloids is that the former represent the whole plant, and the latter only a part. Yet it must be conceded that none of the remedies which Dr. Howes uses do represent the whole plant, as most of the specific tinctures are prepared only from the leaves, or the bark, or the root, or other special portions of the plant, and seldom, if ever, from the entire plant. And, moreover, if I understand it, the very superiority which is claimed by Merrell and Lloyd for their preparations over the official tinctures and fluid extracts is that they omit much of the inert material—in plain English, dirt—which is found in the entire plant; that is to say, they do not so fully represent the whole plant as do the older and less desirable preparations of the regular school. Why not go a little further and retain only the active principles? Indeed, if any of the principles found in a plant are not active, pray why should they be used as medicines?

I can not believe that Eclecticism consists in the use of a particular form, or even a particular class, of remedies. I understand it to consist in the principle by which the remedies are selected and applied to the case in hand. This is a safe and sure foundation. Building on this, the Eclectic school has accomplished a great work, not only within the bounds of their own school, but in leavening the entire medical profession.

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### BERBERIS AQUIFOLIUM.

By Herbert T. Webster, M. D., Oakland, Cal.

*Berberis aquifolium* was introduced to the medical profession by an Eclectic physician, Dr. J. H. Bundy, of California. It is a shrub found in the Coast Range Mountains of California and in many parts of

Oregon, and is popularly known as "Oregon Grape," on account of the berries it bears, which, when ripe, are not unpleasant to the taste. The bark of the root is the part employed in medicine.

Like many other remedies, its value as a medicine was discovered accidentally. A man who was badly afflicted with syphilis, becoming discouraged, and disgusted with life and its environments, retired to the solitude of the mountains in the neighborhood of Colusa, where Dr. Bundy was then practicing, for the purpose of spending the summer alone, if he lived long enough. Being afflicted with much throat trouble, he craved something tart, and tasting the berries of the berberis, and finding them somewhat appeasing, continued to eat of them several times a day, for weeks. He finally found himself improving beyond all expectation, and, as he was taking no other medicine, the impression arose that these berries were benefiting his general condition. He therefore persevered, and becoming very much interested, prepared decoctions from the leaves and used them, and also dug the root and tried it in the same manner. To make a long story short, within three months he returned to Colusa a well man, to all appearances and purposes.

His experience, when related to Dr. Bundy, was enough to stimulate a course of investigation on the part of that gentleman, and we now possess, as the result, one of our most valuable and reliable specific remedies.

He prepared a tincture from the fresh bark of the root, and began its use in syphilis, scrofula and skin diseases, and soon came to the conclusion that he had found a remedy which was hardly equaled in the materia medica in the same field. Chronic ulcers, which resisted other treatment, healed under its constitutional influence. So remarkable was its effects in some cases that he believed he had found a remedy for cancer in this agent, though now we know that ulceration which he regarded as cancerous because it would not yield to ordinary treatment, was really benign, because later trial has convinced us that cancer does not respond to it.

It is remarkable, however, how well it acts in some cases of stubborn ulceration. I remember a case treated years ago, in which an old syphilitic ulcer of many years' standing, located over the back part of the hard palate, as large as a dime and deep as the soft tissues, healed in less than a month upon the constitutional application of this remedy. I have also known irritable erythematous conditions of the shin to recover upon this agent administered internally a few weeks, after persisting for years. Some prefer to combine it with iodide of potassium in such conditions. It acts well when so employed, but it also acts well alone.



I do not wish to be understood that the remedy is infallible, and that it will cure every chronic ulcer that occurs in practice. We know that many cases of ulceration of the leg are due to ruptured veins, and that the only reliable method of cure is the surgical method; but it is well to emphasize the applicability of berberis aquifolium to chronic ulceration depending upon a constitutional fault, for its use can hardly be amiss in such cases, even though it does not always succeed.

Psoriasis is another condition where berberis has won laurels. I know of no other remedy half as reliable as it in such conditions. Perseverance with it is almost certain to bring satisfactory results. All that is necessary is to inspire the patient with confidence enough to continue its use a few months at a time.

Its early history contains some striking testimony as to its efficacy in stubborn skin affections. These are matters of history, but old history is sometimes forgotten and neglected, so I will rake a little of it up for present edification. The case of a Mr. Hall, a Michigan man, was considered remarkable at the time, and went the rounds of the medical journals. Some doubted the genuineness of the cure at the time, suspecting one of the common dodges of patent medicine fakers in order to bring this agent to notice, and Mr. Hall himself then made a statement, which was published in "New Preparations," a journal issued for a time by Parke, Davis & Co. It is as follows:

"I think I am in duty bound to bear testimony to the virtues of berberis aquifolium, having received almost miraculous benefits from it in psoriasis. I have been troubled for the past six or seven years, and believe there could not be found in Michigan a finer developed specimen than mine, being covered from head to foot with those charming incrustations.

"The only ill effect that I felt was my inability to work at my trade as a machinist. It never was irritable, but the fact of it being there almost drove me crazy. I went to England, and attended the Royal Hospital for Skin Diseases about three months. The chief thing administered was Fowler's solution, and in about six months I got better. Was well for about a year, when it made its appearance again, in worse form, and I was induced to try berberis aquifolium. I had an eight-ounce bottle, and at the outset I experienced a tingling sensation of the skin, which lasted some time, and then I found the exfoliation getting less and less. After taking the berberis about six weeks in teaspoonful doses, four times a day, it ceased to form, and the red discoloration gradually disappeared. There is only one obstinate patch, about the size of a two-cent piece, on my knee, but that does not form any scales, and gives me no inconvenience. If you think proper, you can publish this

statement. I can produce half a dozen medical gentlemen that saw me before taking the berberis, and I was indeed a picture of misery. I never deviated from my regular course of diet, and can not ascribe the cure to anything else but berberis."

Two other cases, from the same publication, described by Dr. Mallory, are worth reproducing. These were evidently cases of moist eczema:

"On the first of November, 1877, Mr. W. D., of this place, called me to see his two daughters, aged respectively ten and twelve years, whom I found suffering from a moist eruption, covering the scalp and extending downwards over the face and chest. I was told by the mother that, in spite of all she could do, the disease had existed over two years, and the mother, by the way, is a very neat housewife. She said she had used all the domestic remedies she could procure, but the disease had now become so bad and the odor so offensive that she was compelled to take them from school. To make the story short, I diagnosed the disease as scrofula and prescribed the following:

"℞, Fluid extract of berberis; simple syrup, aa.  $\frac{3}{4}$ . Teaspoonful every four hours.

"The first effect was to increase the eruption, but in four weeks from the time they commenced the use of the medicine the eruption had entirely disappeared, leaving the skin smooth and healthy.

"My next case was that of a young lady whose family had all shown scrofulous symptoms, some of whom had died of the disease. The lady referred to had been troubled with an eruption, confined to the ears and back of the head and neck, of six months' standing. One eight-ounce bottle of fluid extract of berberis aquifolium, prepared according to the above formula and taken in teaspoonful doses four times a day, effected a cure."

Such reports as these have been corroborated frequently in my own practice within the past twenty-five years. The influence of the remedy may seem slow at first, but it is liable to finally justify faith in its specific virtues as a remedy for cutaneous affections.

We have learned something more about the specific virtues of berberis aquifolium since the time of Dr. Bundy, however, and this is due to Eclectic enterprise and investigation. In the 1880's, Dr. T. D. Hall, of this city, cured a desperate case of senile bronchitis, which had been of long standing, and which had become so threatening that several physicians upon consultation had declared that the case was one of pulmonary phthisis, and that there existed no hope of recovery. The cure of the patient was a great surprise to former physicians, who watched its progress with skepticism and ridicule at first, though they afterward

became very anxious to learn the remedy which did the business. This was nothing more nor less than *berberis aquifolium*. The doctor related the particulars of the case to the writer afterward, and it has since proven a very acceptable resort in stubborn cases of chronic bronchitis with much expectoration. While it does not act as promptly as *calcareo carb.* in such cases, it seems to go further in its action, and influences more profoundly the recuperative vegetative processes in the diseased mucous membrane and other ulcerated structures.

I do not believe we possess a more reliable remedy in chronic coughs affecting the structure of the pulmonary organs than this. Its action is slow, but if persisted in for months it will cure almost anything curable by medicine, when it is a question of chronic inflammation of local character, with tendency to relaxation and breaking down of mucous membrane.

Such experiences led to its use in pharyngeal troubles, not only where there was ulceration, but when the affected mucous membrane was relaxed, blue and chronically congested, with or without catarrhal symptoms. Its influence, in such cases, is permanently toning to the relaxed parts, which gradually resume their normal condition, provided proper auxiliary means are employed, appropriate to the special condition or individuality of the case treated. It will probably be found as good a remedy in relaxed conditions of mucous membrane in other regions of the body. We still can learn something about its adaptation to practice.

An excellent place for the administration of *berberis aquifolium* is in the treatment of the periosteal pains of syphilis. In fact, we possess a great dearth of remedies for this special purpose. *Berberis* fills the place well, especially if it is employed before deposits have become permanent and long established. It seems as though *berberis* will control the deposits of tertiary syphilis if begun early and persisted in, and that tertiary manifestations need never be met if this drug be faithfully administered during the early stages of the disease and continued faithfully for eighteen months or more.

As a general tonic and stomachic we have few remedies which can be compared with this agent. If anything will create an appetite after complications have been removed, this remedy will. It resembles *hydrastis* in its kindly action on the gastric mucous membrane, and *nux* in its power to stimulate digestive activity and create a healthy craving for food. It goes further than this, however, for good digestion follows its use, and assimilation goes forward as a result of its tonic action on the alimentary mucous membrane and associate organs. Of course these suggestions must be received with due allowance for the con-

dition of the alimentary canal at the time; the condition should be one where a stimulating tonic combined with a soothing effect is required, and where no obstructing condition requiring some other specific remedy is present.

Much has been written commending *berberis aquifolium* as a remedy for roughness of the face, especially for various forms of acne. I believe those who pin their faith to it in such conditions will be disappointed. Acne is such a stubborn local affection that few remedies can be depended upon to influence it constitutionally. Personally, I have given up the idea of curing acne with other than local remedies. While a harmless affection, it is about as difficult to cure as tuberculosis, if we are to depend upon constitutional remedies.

We have much yet to learn about *berberis aquifolium*. We have not employed it enough to discover all its qualities as a remedy. While it has been before the profession about thirty years, it has received little notice, especially from Eclectics. "Dynamical Therapeutics" was the first Eclectic text-book to mention it, and I believe "Ellingwood's Materia Medica" was the second. If it has ever received any other notice in our standard medical works, I am not aware of the fact. We can not afford to overlook it in our treatment of chronic affections.

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### A CASE IN PRACTICE.

By F. M. Beals, M. D., Mattoon, Ill.

On Monday evening, March 8, 1897, Mr. R. A., a wealthy retired farmer, called at my office and requested me to accompany him to his house to see a son who had come in from the country that afternoon.

I visited the son, Mr. G. A., aged thirty-one; married; the father of three children. In answer to my question, "What is your trouble?" the patient answered: "What I want of you is to give me something to control my bowels; they are too loose, and keep me at stool both day and night."

"My father, mother and I have made all necessary preparations, and we leave here Wednesday afternoon for New Mexico, where my physician assures me I will be restored to my former good health and strength. Dr. H., my family physician, has made arrangements with Dr. Bailey, who has charge of a large hospital at Las Vegas, N. M., belonging to the Santa Fe Railroad Company. Mother and father are going with me, because they are not so very well, and it was thought the trip would do them good."

I made but little examination of the sick man, for the reason I knew his physician to be a good doctor and a gentleman, and withal a friend

of mine, who had succeeded me in a village practice several years before. My prescription at this time was: Two and one-half grains Dovers P., tablets xl., four to be given at once, two in two hours, and one every two hours thereafter, if needed, for bowels.

The father called next day at 11 A. M. and stated that his son's bowels were controlled from the first dose of tablets given him. He said also that the family had talked the matter over, and had concluded to ask me to hold a consultation with Dr. H., the family physician, that afternoon.

The consultation was held, a thorough examination made, and the following history was elicited: The father, son and son-in-law were partners, running several farms (eleven hundred acres), raising stock, feeding cattle, etc. The father furnished the land, the son and son-in-law did the active work. The son had to be riding horseback a great deal, and he became constipated, and would regularly take medicine to move the bowels. He began this three years before the consultation was held. When at stool his rectum pained him, his bowels became sore, sensitive, and tender on pressure, and finally they became swollen, and were continually painful. Soon after this it was noticed that there were mucus and blood mixed with the fæces, anus became sore and contracted, so much so that he dreaded to go to stool. This was put off as long as possible until there was but little, if any, desire to stool. Hot water and glycerine enemas were resorted to to get a movement from the bowels. Then the stomach became sore and painful; felt uneasy after eating; tongue became coated and gums sore; breath bad; attacks of palpitation of the heart came frequently; smothering and a dry, hacking cough, followed by mucus and bad-looking sputa being coughed up, and finally there were traces of blood. The lungs became sore, and he was much troubled with backache, headache, and weak nervous attacks, accompanied by loss of sleep. And thus it went on for months, and a diarrhea resulted, which it seemed was uncontrollable.

The relatives concluded his trouble was tuberculosis, and Dr. H. sent a goodly supply of sputum to a bacteriologist of one of the large cities, who reported that there were tubercular bacilli. His (Mr. G. A.'s) physician recommended that he be sent to New Mexico, and, after communication with Dr. Bailey, of the Santa Fe Sanitarium, they decided to send him.

After getting the history of the case and examining the patient, I concluded the trouble had started in the lower bowels, particularly in the rectum, and that his present condition was the result of this, but Dr. H. did not fully agree with me.

I saw the patient next day at 10 A. M., as per request of Dr. H., who

said it would be best, so that the family would know that the son was able to make the trip safely. At 1 P. M. the father called at my office and asked me to take the case and do what I could for his son; but I absolutely refused to do this, and at 3 they left for Las Vegas. The father was given a note for Dr. B., in which I requested him to make an examination of the patient's rectum.

After Dr. B. had examined the patient, the father gave him my note, and after reading it he said: "That is all right. This climate and the water here will do the work for him," or, "These are just what he needs to restore him to normal health." The patient seemed to improve some for two or three weeks. In the meantime the father began to feel badly, and finally had to take to his bed. He rapidly grew worse. The son-in-law was sent for, and after ten days they started homeward, a doctor and a nurse accompanying them, the former to St. Louis, the latter all the way. I met the party at the train, and took charge of the father, who, after several weeks, was put upon his feet.

On June 5, 1897, I was asked to take charge of the son's case and do what I could for him, which I did, and restored him to his normal health, and he has remained so to this day. He was in my office not long since sound and well.

The following prescriptions were given him from first to last:

R, Syr. lacto phosphate of lime, ℥ jv.; Fowler's solution, ℥ j.; nux vomica, gtt. vj. M.—Dose, half teaspoon every three hours.

R, Sulphur tablets, grs. v. Dose, one every three hours.

R, Dioscorea spir. tinct., ℥ j.; collinsonia spir. tinct., ℥ ss.; glycerine, ℥ jv. M. S.—Dose, one-half teaspoon every three hours.

These were given in rotation, so that he would be taking a dose every hour until there was much improvement, then they were given every third hour until patient was discharged.

The following ointment was applied to the rectum night and morning (by patient):

R, Stramonium oint., ℥ ij.; salicylic acid, grs. x.; cocaine hydrochlorate, grs. ss. m.

The anus was dilated first with a rectal bougie, then ointment was applied once a week with Allingham's ointment application (by me).

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If within a week or two after the performance of gastrostomy the drainage tube should be expelled from the fistula, do not entrust its re-introduction to inexperienced hands. It has sometimes happened that the tube has been pushed into the peritoneal cavity, instead of into the stomach.—*American Journal of Surgery*.



**Monthly Retrospect**  
—OF—  
**ECLECTIC MATERIA MEDICA AND THERAPEUTICS.**

BY HARVEY WICKES FELTER, M. D.

NEUTRALIZING CORDIAL.—“See that your patients have a bottle of neutralizing cordial to take to the country with them.”—*Eclectic Med. Review*, July, 1906). Brief and to the point, the foregoing suggestion is pregnant with foresight, and will save many a life and add to the prescriber's reputation. We have many times declared that if we could have but one medicine for the stomach and bowel complaints of the summer season, it would be the neutralizing cordial, or compound syrup of rhubarb and potash. We have never gone on a trip to parts any distance from home, or attended a doctors' convention, with its banquet of luxuries and a change of water, without taking with us a liberal quantity of the cordial. The bottle is generally emptied by those who have failed, like the foolish virgins, to go prepared for the very emergencies for which neutralizing cordial is the very best corrective yet devised—disorders of stomach and bowels, caused by overfeeding or change of water. In general, neutralizing cordial is so well known that but mere reference to its properties are necessary. It has three especial qualities that we must note. Rhubarb, through its specific adaptability to irritation of mucous surface, makes the cordial the ideal gastric sedative, for in such cases there is marked irritation, as shown by the reddened and pointed tongue. With most of these cases there is a fermentative state, with sourish and burning eructations, and often the bowel discharges contain sour and fermented material. For this condition there is no more pleasing antacid and corrective than potassium bicarbonate, though should the tongue show more pallor than redness, sodium bicarbonate may answer a better purpose. The aromatic qualities of the cordial derived from the peppermint oil and herb make it grateful as a carminative, and render it especially pleasant for children. Now, the cordial to which I have been referring is that devised by Prof. Frederick J. Locke, of the Eclectic Medical Institute, and based on the original prepared by Dr. Wooster Beach. We often hear Eclectic physicians speak freely of neutralizing cordial, and we sometimes wonder whether they are aware of various preparations that have passed, and still pass, under that name. Let us quote the original from *Beach's American Practice*: “NEUTRALIZING MIXTURE, NEUTRALIZING CORDIAL, OR PHYSIC.—Take of rhubarb, pulverized, salæratuſ, pulverized, peppermint plant, pulverized, equal parts. To a large teaspoonful add half a pint of boiling water; when cool, strain, sweeten with loaf sugar, and add a tablespoonful of brandy. *Dose*.—One or two tablespoonfuls

every quarter, half, or one or two hours, according to symptoms. *Use.*—This is one of the most valuable preparations known for cholera morbus, cholera infantum, or summer complaint of children, diarrhea, dysentery, etc. Its operation and action appear to be a specific, if not infallible. It is excellent for pregnant women, to allay sickness and regulate the bowels."

Such are the simple directions and recommendations that have made history for the Eclectic school of medicine. Perhaps no preparation was more generally used than this simple and always harmless cordial, or better, perhaps, sweetened infusion. As Eclectic pharmacy grew, there came changes in the composition and manner of producing neutralizing cordial. The official (*Amer. Dispensatory*) preparation was a sweetened tincture, though classed as a syrup. It contained rhubarb, potassium bicarbonate, sugar, cinnamon, golden seal, brandy, water and alcohol, and was made chiefly by percolation.

Dr. Hill sought to improve this formula, as adopted by Dr. King after the process of Dr. William S. Merrell. He recommended a process employing heat as well as percolation, and substituting pure potassium carbonate for the potassium bicarbonate of Merrell's formula, and the salætatus (impure potassium bicarbonate) of Beach's cordial. Both of these preparations contain large proportions of brandy. The process of Professor Locke, which yields the pleasantly aromatized alkaline syrup of rhubarb, we have always preferred. It more nearly resembles Beach's original, and is prepared as follows: "Take of rhubarb, coarsely ground, peppermint herb, and potassium bicarbonate, of each three ounces; boiling water, four pints; diluted alcohol, one-half pint; essence of peppermint, one-half ounce; white sugar, two pounds. Pour the boiling water upon the rhubarb, peppermint herb and potassium bicarbonate, and allow them to macerate for two hours in a warm place. Strain, and while still warm add the sugar. After the sugar has dissolved and the liquid is cold, add the diluted alcohol and the essence of peppermint. The dose is from one to four fluid drachms.

The National Formulary has a preparation intended to replace the formula of the American Dispensatory as given above. It is prepared by mixing the fluid extract and tinctures with potassium carbonate and alcohol. It has not become popular among Eclectic physicians. An effort has been recently made among Eastern Eclectics to devise a formula without sugar. We do not know whether success has as yet crowned their efforts.

Here, then, are many ways of preparing neutralizing cordial, and the essential construction of the medicine is such that in any of these forms it still remains a prime favorite with Eclectic physicians. Don't



forget, when the stomach is irritable and there are nausea and diarrhea, that in neutralizing cordial we have a simple corrective that may be depended upon. *The Review* could not have made a better suggestion.

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EUPHORBIA.—In the rapid revolutions through which favorite remedies go, we have practically lost track of an old remedy, and one that is useful, in that it helps out often when ipecac fails to relieve gastro-intestinal irritation. When vegetable medicines began to be studied in America, it was one of the few common plants that was given much attention. Bigelow recorded and figured it, and it became popular as an emetic and cathartic, just the opposite uses to which it is now put in Eclectic therapy. The action of the large dose is not required for specific medication purposes, but, like many other remedies, drastic, and of little therapeutic value in large doses, the small doses act quietly and specifically in allaying irritation—an essential therapeutic quality in gastro-intestinal drugs for the summer and autumn. Dr. John W. Fyfe, who has so admirably condensed the Eclectic materia medica into what might be termed the keynotes of practice, says of euphorbia (*Eclectic Review*, July, 1906): “Euphorbia corollata relieves irritation of mucous surfaces and promotes their functional activity. It improves digestion, both stomachic and intestinal, and tends to overcome constipation and irregularity of the bowels. It is successfully employed in profuse watery vomiting, with elongated and pointed tongue, enteric irritation with tormina, bloody stools with tenesmus, watery diarrhea, cholera infantum and colliquative diarrheas of typhoid fever. The dose of the specific medicine (or a good fluid extract) is from five to fifteen drops, but it may be prescribed as follows:  $\mathcal{R}$ , Euphorbia cor., gtt. x to xx; water,  $\mathfrak{z}$ iv. Teaspoonful every hour.”

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DRUGS IN CHRONIC INTESTINAL DISEASES.—In abstracting the following from the “Use of Certain Drugs in Chronic Diseases of the Intestines,” by Dr. William Leming, of Lexington, Ky., (*Modern Eclecticism*, June, 1906,) our only apology for the length of the abstract is the excellence of the article as to material, and as an illustration of a splendid comparative method of studying specific medication. Without further comment, for comment is unnecessary, note what Dr. Leming writes:

- “Roughly, these drugs may be classified as follows:
- “Nux vomica, the nerve impresser;
- “Podophyllin and hydrastis, the glandular;
- “Aloes and collinsonia, the circulatory;
- “Bichromate of potash, arsenic and corrosive sublimate, the tissue irritable.

“Such classifications, however, can do little toward pointing out the proper drug in a given condition, except as they help us view from one more point the action of our remedy.

“*Nux vomica* may be said to be useful where there is general atonicity, with deficient or incoördinate motor action; when the tongue is broad, pale and relaxed, and the tissues flabby.

“*Hydrastis*, when there are chronic catarrhal and congestive conditions of mucous membranes, with muscular atonicity and yellow-coated tongue, generally moist and of natural or increased redness.

“*Podophyllin*, where there is general atonicity, with glandular sluggishness and dry, hard stools, the tongue full, generally pale and coated yellow at the base.

“*Aloes*, where there is muscular relaxation and fullness of the pelvic viscera; chronic congestion and relaxation of the rectal tissues, with feeling of want of power.

“*Collinsonia*, in venous relaxation and fullness, with irritable, spasmodic conditions.

“*Bichromate of potash*, in ulcerative conditions of the upper bowel, with yellow-coated tongue, reddish tissues, and secretion of a glutinous material.

“*Arsenic*, in relaxed conditions of the mucous membrane, with diarrhea and general bodily weakness.

“*Corrosive sublimate*, in ulcerative conditions of the lower bowel, with slimy, foul discharges.

“*Nux* accomplishes its good through its action on the spinal motor centers, improving the muscular action and relieving spasmodic contractions. It covers the whole intestinal tract, as it does the whole body, remedying diseased conditions when accompanied by a muscular or nerve debility. *Hydrastis* has a similar action on the general system, but its local curative action, as a rule, is far superior.

“*Hydrastis* is to chronic diseases of the mucous membrane what *aconite* is to the acute. In the proper dosage it excites or diminishes secretory action, relieves congestion, especially the arterial (not the acute congestion of *ipecac*), and apparently displays antiseptic qualities. In its stimulating qualities it resembles, to a marked degree, the *bichromate of potash*, the tongue in both cases being remarkably similar, except possibly a little more moisture and fullness in the *hydrastis* condition. In its power over irritation (chronic arterial congestion) from too frequent use of irritating drinks and foods, it resembles *arsenic*, but is milder in action, although not so readily controlling any accompanying anemia. Here the *arsenic* must be used in very small doses. In such cases *nux vomica* may prove useful late in the treatment.

“*Podophyllin* is the glandular remedy, improving secretion, if not continued too long. It acts especially on the upper intestinal tract. In its stimulating action on mucous surfaces and in its place of action it resembles *bichromate of potash*, although not affecting in a like degree the tissue proper, while the *bichromate* does not so greatly stimulate the glandular secretions. *Podophyllin*, to some extent, also affects the lower bowel, here encroaching on the field of *corrosive sublimate*, although not having its antiseptic qualities. *Podophyllin* resembles *hydrastis* in

some respects, but is more stimulating in its nature. Where podophyllin relieves a diarrhea from relaxation, hydrastis relieves that from irritation. Often these two drugs may be advantageously combined, especially in cases marked by great sluggishness and fullness of the abdomen, the larger doses of both remedies being used.

"Bichromate of potash, the tissue irritant of the upper bowel, has its companion drug in corrosive sublimate for the lower bowel. Both are said to be local ulcerations, although hydrastis should improve the action of the bichromate and collinsonia the corrosive sublimate, by their action on the circulation.

"Arsenic acts upon the whole tract, relieving irritation and imparting tone. In chronic diarrhea, with impoverished blood and general weakness, it at least begins a cure which podophyllin, hydrastis or nux vomica may complete.

"Aloes and collinsonia occupy a somewhat different field from the other remedies, acting more on the veins. Aloes affects the veins of the whole pelvic content, relieving fullness and relaxation in these parts, often shown in the rectum by a feeling of complete loss of muscular power. Its minor effect on the secretions is shown by the excretion of the solids of the blood rather than the fluids. It is best reserved as a muscular stimulant.

"Collinsonia differs from it in being more useful in venous congestions, where there are pain and spasmodic contractions. It is soothing in its action, and is adapted to the less chronic cases. If there are evidences of great relaxation and atony, aloes will act best, at least for a time, when collinsonia may complete a cure. Nux vomica acts on the general muscular system somewhat as does aloes locally, and the two are often well combined.

"Collinsonia finds its aid in small doses of hydrastis, the one for the veins, the other for the arteries.

"These drugs, carefully used, aided by the proper antiseptics, digestants and diet, will generally repay us for our study by effecting a cure in the large majority of chronic intestinal diseases."

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CARBOLIC ACID AND CAMPHOR.—A mixture of camphor sixty parts, carbolic acid thirty parts, alcohol to one hundred parts, is asserted upon good authority to be a simple, harmless and effective dressing for all forms of local inflammations, including felons, phlegmons, boils, ulcers of the leg, erysipelas, tuberculous fistulas, and infected wounds. It is applied by means of a loose tampon, or compress, without impermeable covering. Should an incision be required for the liberation of pus, a strip of gauze moistened with the aforementioned mixture may be inserted in the opening. Quick results are claimed from this treatment; pain is relieved, a sense of lively warmth only being felt. The treatment is known as the Chlumsky method, and is warmly indorsed by so eminent a practitioner as Erlich, who healed a tuberculous fistula of the neck, of months' standing, in twelve days, and an old leg ulcer in three applications.

### **Periscope.**

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#### **ECLAMPSIA.**

Dr. Lewis M. Gaines (*New York Medical Journal*, December 30th, 1905) reviews exhaustively the prophylactic and curative treatment of eclampsia. The author states that the most important point in the prophylactic treatment is the diagnosis. Instruct plainly every obstetrical patient by giving them a written list of the warning symptoms. Particular attention should be paid to the proper hygiene; regulate the diet, so as to diminish to a minimum nitrogenous food; improve the action of the eliminative processes; complete physical and mental rest, and if there is not prompt improvement, empty the uterus by a conservative method.

**CURATIVE TREATMENT.**—An actual eclamptic attack presents a frightful condition, and one that calls for efficient and speedy treatment. The subtle and mysterious poison that up to this time may have set few and indistinct danger signals now sounds its presence in no uncertain note.

Upon the appearance of convulsions the universally admitted indications are: (1) Control the convulsions; (2) eliminate the poison. The primal necessity is that of eliminations by the toxins, only one manifestation of whose presence is the convulsions. Yet often it would seem that all treatment is at first directed toward subduing the spectacular performance of the poison.

The treatment as above indicated may be summarized as consisting in: (1) Administration of drugs; (2) bleeding; (3) administration of physiological saline; (4) methods of diaphoresis; and (5) operative measures.

(1) *Drugs.*—(a) Chloroform. There is a great difference of opinion as to the routine employment of chloroform, but judging by the published results, there seems to be good reason for discarding the routine employment of chloroform, for, in view of its disadvantages, its use seems irrational, and it has not been proven by experience to lessen the number of fatalities, even though the number of convulsions is decreased.

(b) Chloral. Chloral is given with practically the same end in view as chloroform.

(c) Morphine. The most serious objection to morphine seems to be that it interferes with elimination. As a matter of fact, the only two channels embarrassed are the lungs and the bowels. The interference with respiration is usually not marked, while bowel action may be obtained in spite of the drug, particularly by flushing, as advocated by Porak. If one may depend upon published results, morphine appears to have a distinct value.

(d) Apomorphine. Recommended by some physicians of special value in stopping the convulsions without producing any of the untoward effects of morphine.

Owing to the instability of the drug, care must be taken to secure a fresh supply from a reliable druggist whenever it is used.

(e) Veratrum viride. The claims made for this drug by its enthu-

siastic advocates seem to fulfill all the conditions, and if they could be proven real in all cases, would raise it to the rank of a specific. It is asserted that by the administration of veratrum viride the blood pressure is lowered by dilating the arteries and depressing the heart, activity of the skin promoted, the temperature lowered, diuresis accomplished, and the cervix relaxed. It is advised to be given hypodermically in a twenty-minim dose, followed by ten minims every half hour till the pulse is sixty or below. It is stated that there is no recorded fatality from veratrum viride poisoning when it is thus administered, though there may be tumultuous heart action if the patient is not kept in a recumbent posture.

Veratrum viride is largely used by the profession in general in this country, and certainly deserves recognition as a therapeutic agent of value. However, there has not yet accumulated sufficient evidence of its efficiency to be entirely convincing, and added to this is the difficulty, especially in the country districts, of always obtaining a reliable preparation.

(f) Pilocarpine is conceded to be a dangerous remedy, owing to the liability of œdema of the lungs favored by its use. It is much preferable to induce diaphoresis by less hazardous means.

Purgatives. Very few authors have been found who deny the value of thoroughly cleansing the bowels in eclampsia. One of the main channels of elimination is opened and artificial tension lowered.

(2) *Bleeding*.—Bleeding is one of the oldest remedies, advocated because thus a certain amount of the poison is eliminated and the blood pressure lowered.

In general, it seems that good results are obtained with thorough, well directed bleeding when the patient fails to improve after delivery. The abstraction of small quantities of blood does no good.

All agree that the blood removed should be replaced by salt solution, and the majority advise subcutaneous rather than intravenous introduction of the saline, for by the latter method blood pressure is suddenly increased, and it is not at all certain that this is not an efficient factor in precipitating a convulsion.

In conclusion, it may be asserted that our ideas upon eclampsia are rather in a chaotic state, and that with the most divergent methods of treatment, approximately similar mortality results are obtained. This refers to the curative treatment. There is a fair consensus of opinion as to the proper prophylactic means. All recognize the importance of controlling convulsions and eliminating toxins, but there is a vast difference as to the surest method of accomplishing these ends. Nearly all agree that emptying the uterus is beneficial, but dispute over the times and seasons. He has endeavored to give the most generally conceded rational methods in the foregoing discussion of therapeutical measures, and to emphasize the value of conservatism in delivery, thus reflecting the most authoritative opinions of the present day.—*Therapeutic Digest*.

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A mass protruding from the rectum of an infant or child may be an intussusception and not a mere prolapse.—*American Journal of Surgery*.

# ECLECTIC MEDICAL JOURNAL.

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## THE COLLEGE OPENING.

The sixty-second year of the Eclectic Medical Institute will begin Monday, September 17, 1906, and continue thirty-one weeks.

Judging from the correspondence and inquiries for Announcements, we shall enroll a good-sized class of first-rate students.

The ever-changing and increasing standards for entrance, set by the various State Medical Boards, necessitate the selection of better qualified students each year, which naturally reduces the number of those in attendance, as contrasted with times gone by. But in this direction it will please our friends to know that the Eclectic Medical Institute has suffered less than any other of the Cincinnati medical colleges.

The Faculty of the Eclectic Medical Institute has been recently strengthened, and the curriculum has been materially benefited in several directions. For this and other reasons, notwithstanding the excellence of the past sessions, better work will be accomplished the coming year than ever before.

The twenty-two hundred graduates of the Eclectic Medical Institute should see to it that the classes are filled with students ambitious to excel. If well qualified men and women are sent in, the Faculty will guarantee good results; but the Faculty can not do good work with poor material, nor can its members go out and hunt up students.

The class of 1906 has been unusually successful before the various State Boards, and we anticipate that 1907 will witness a continued like record.

It should be remembered that never before has there been a demand for Eclectic physicians to compare with the present. Should every Eclectic practitioner start a student the coming session, there would still be a cry for more. Eclectic medication and Eclectic medicines are more popular and better known than ever before, and the vacancies caused



by death in the ranks of the old practitioners can scarcely be filled by the colleges to-day, to say nothing of new fields constantly opening to Eclectic physicians. The country is growing rapidly, and the people are demanding kindlier methods of disease treatment than are found in regular medication.

The aim of the Eclectic Medical Institute is to teach *Eclectic* medicine, *effective* medicine, pleasant medication, and to graduate men to credit Eclecticism.

SCUDDER.

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### SEQUELÆ OF SUMMER COMPLAINT.

Last month we briefly outlined the general treatment of digestive disorders in the child. We now desire to call the attention of the reader, in a very brief manner, to a common sequel quite frequently seen to follow severe or prolonged attacks of ileo-colitis or gastro-enteritis. The condition closely simulates Marasmus, and clinically is not to be distinguished from it. Authors classify it as a distinct condition, reserving for Marasmus the extreme form of malnutrition, occurring without constitutional or local organic disease. Yet, so far as symptoms are concerned, it is practically the same. This we will see as the condition is described.

Infantile atrophy or marasmus is due to a failure of assimilation, due to improper food, imperfect digestion, or unhygienic surroundings. The form of wasting we desire to call attention to follows a prolonged attack of chronic gastro-enteritis. The symptoms of the two conditions are very similar. Wasting is marked in both; in fact, the chief symptom. The emaciation is extreme. The skin hangs in loose folds from the limbs. It is inelastic, dry, and of a dull, muddy color. When pinched up, it very slowly returns to its place. The face is pinched, sunk at the temples. Eyes look large, due, no doubt, to the contraction of the features and shriveled face. Furrows are seen running downward from the angles of the mouth. The chin is sharp, and the drawn, wrinkled face gives the appearance of being old. Thus far this is a typical picture of marasmus. But now comes the difference, if it can be called so. In both conditions digestion is poor. The greatest care is necessary in the selection and preparation of food, else vomiting occurs. Possibly, instead of vomiting, it is a diarrhea, possibly both. These repeated attacks of gastro-enteritis serve but to increase the wasting. These attacks precede the wasting in summer complaint; they are a complication in marasmus. Yet in both conditions they are the crucial point to be solved before recovery is possible. The selection of a food is no doubt the gravest question confronting the physician in both conditions, and once solved, complete recovery is but a question of time.

The child is peevish and irritable. It cries feebly, not much more than a whine, unless symptoms of meningitis supervene, when the cry becomes sharp and shrill. Thrush and erythema of the buttocks are complications in both conditions.

You will no doubt say this is but a picture of marasmus. So it is, but this condition follows a long-continued or chronic gastro-enteritis; marasmus is a primary condition, arising from the causes enumerated above.

The problem of treatment is alike in both. It is dietetic and hygienic. The selection of a proper food, one easy of assimilation, is the first consideration. This accomplished, the balance is easy sailing. We first try a properly modified cow's milk. This was described in the July JOURNAL. Some diluent may be necessary beside water and lime water. Eskey's food or malted milk may be necessary to tide over a crucial period. The latter we have found to aggravate the diarrhea at times. If medicines are needed, we have found compound syrup of phosphates to be a good tonic. It is given when the tongue is red and slick looking. It may be the solution of hypophosphites will answer better. If the skin be atonic and inelastic, Fowler's solution will answer better. The digestive troubles will be treated as outlined in the August JOURNAL. This medication, combined with daily bathing with salt baths, inunctions, and abundance of fresh air and sunshine, will soon effect a complete recovery.

It is said that "an ounce of prevention is worth a pound of cure." If we look after the feeding carefully in the beginning of these cases, we will prevent the picture we have just painted. This can be done by avoiding too close adherence to "infant foods," or returning, as soon as we can, to the modified cow's milk after an attack of gastro-enteritis.

MUNDY.

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## THE ABUSE OF NARCOTICS.

As the readers of THE JOURNAL have noticed, from time to time during the past twenty-five years, we have taken the opportunity to lament the reckless manner in which narcotics and stimulants are distributed among the people who abuse themselves, and in consequence commit crimes that may be directly charged to those who furnish them the deleterious substances. We are not among those who believe in ostracizing either the legitimate use of narcotic drugs or of stimulating beverages. It is the abuse of these that we consider in the light of a mighty wrong. In our opinion, such substances as morphine, opium, cocaine, and ether and chloroform, and alcoholic liquids, have their places and their uses; but, alas! they also have their abuses. It is to



be lamented that substances that seem, when properly employed, to bring to suffering man the greatest of blessings, may, when injudiciously used, prove the most distressing of curses. This applies to the whole line of narcotic drugs, to all the stimulants alike, alcoholic or otherwise, be it even tea or coffee; to many rich foods and highly flavored compounds, of which people become passionately fond, and even to water. if abused, as water is often abused by water gluttons, who drink it injudiciously and enormously. But these points are not new, as coming from the writer of this article, for, as has been said from time to time in pharmaceutical and in medical print, we have decried the enormity of the abuse that prevails throughout the country concerning such substances as are handled promiscuously by irresponsible people and distributed, regardlessly, to the slaves addicted to their use. In more than one instance we have felt that our remarks have even approached a personality that might be touched by the law, if the persons concerned cared to take up the matter. And it seemed that for a long time we stood almost alone, so far as our view of this problem is concerned.

But of late there has been a remarkable awakening as concerns the distribution of narcotics and stimulants, and there seems to be among all classes of our citizens a cry that is akin to that which is bred from out the desperation that arises sometimes among a long-suffering people. The Boards of Pharmacy of the different States are beginning to awaken to the responsibility of those whom they are licensing to sell such substances as are more dangerous, in our opinion, than the revolver or the dagger. But until they can regulate the distribution of intoxicants that pass through the hands of the liquor dealer, whose only restriction is too often the amount of money he can raise to pay a government, State or county license, the crusade, in our opinion, has barely commenced. There should be no distinction drawn between the pharmacist who makes drunk by cocaine and the saloonist who makes drunk by whisky. No distinction should be made between the irresponsible individual who becomes a slave to the cocaine or the morphine habit and him who is a slave to the liquor habit. Alike they together stand, and the same is true, but as a rule to a lesser degree, of the party who is wrecked and racked by the injudicious use of tea, coffee, cigars and cigarettes. Together such substances stand, when abused, as the most dangerous enemies of suffering mankind. Together they stand, when properly used, as kind friends and benefactors to the same mankind. And it behooves all pharmacists to see, first, that what they handle be of exceptional quality, and, second, that the materials be not distributed outside of those who know how to use them, and who do use them properly and conservatively.

In this connection we call attention to the following circular, just issued by the Ohio Board of Pharmacy, and take this opportunity of congratulating the Board on its aggressive movement in behalf of temperance in the narcotics:

**OHIO BOARD OF PHARMACY.**

**Notice to Registered Pharmacists and Assistant Pharmacists in the State of Ohio.**

Whereas, Section 4410 of the Pharmacy Law confers upon the Board of Pharmacy authority to revoke the certificate of any person guilty of a felony or gross immorality, or who is addicted to the liquor or drug habit to such a degree as to render him unfit to practice pharmacy;

And further, the Attorney General of Ohio, in an opinion given to the Board of Pharmacy on July 21, 1905, held that the sale of narcotic drugs, particularly cocaine and its derivatives or compounds, in violation of the statutes regulating the sale of such drugs, constituted gross immorality within the meaning of a portion of section 4410 of the Pharmacy law, and that the Board of Pharmacy is justly entitled to revoke the certificate of any registered person found guilty in any court of the State of the unlawful sale of such narcotic drugs:

Therefore, this notice and warning is given to all registered pharmacists and assistant pharmacists of the State of Ohio, that the Board of Pharmacy will hereafter proceed against every person whom the courts of the State have adjudged guilty of violating the laws regulating the sale of narcotic drugs, for the revocation of certificates of registration in accordance with the power conferred by section 4410 of the Ohio Pharmacy Law as interpreted by the Attorney General of the State.

By order of the Board.

W. R. OGIER, Sec'y.

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**THE TREE OF LIFE—A DREAM OF THE PAST, THE HOPE OF THE FUTURE.**

Many the times I have conjured in my mind a picture of the old Hebrew dreamer and philosopher of the past. On such occasions methinks I see that ancient ascetic sitting at night before his tent, gazing at the stars and wondering what mysteries lie hidden beyond them; dreaming and thinking by turns, trying to fathom the origin and destiny of his being; thinking thoughts and dreaming dreams elaborated by his semi-barbaric mind.

Are the dreams of barbarism less substantial than the dreams of civilization? Are barbaric thoughts less the shadowy forms of the real than are civilized thoughts?

Dreaming, I see the old prophet slowly working out his conception of the origin and destiny of his race. I sense the picture he would paint in his primitive mind, wherein he sets forth his notion of the birth of man and his primeval abode. It seems to me that in that far-away time those old philosophers entertained thoughts of the evolutionary pro-

cesses which are finally to lead us to a full and perfect understanding of the laws which govern the progress of mankind. He pictured in his imagination the first man, naked, without a knowledge of beauty, in a beautiful garden surrounded by the beautiful. Naked he was, not only as to raiment, but in mentality destitute. He knew not that he was. How long in his dreams the old philosopher kept man ignorant, I dream not, but there comes a time when he awakens, and in the awakening he eats of the fruit of the tree of knowledge, and having tasted, he becomes conscious of his intellectual nakedness, of his *ignorance*.

In my dreams I see the old seer sink into deeper abstraction, wherein he sees the man advanced to a knowledge of good and evil. He now possesses a conscious mind, and still pushing on in the field of knowledge, he is to recognize that ignorance is the flaming sword in the hands of the god of darkness, which stands opposing in the path to perfect knowledge. That he may further express his dream, he pictures to himself another and a greater tree, which he designates the Tree of Life, the fruit of which, if eaten, leads to a knowledge of the deepest secrets of life, and which can only be obtained by overcoming the ignorance in which the mind of man is enveloped. This malevolent guardian of the secrets of life was the only obstacle in the way of attainment to a perfect knowledge of life, and as life was the most prized possession known to the barbaric mind, he wondered why he had to give it up. In his dreams he felt that surely some means must exist whereby he could possess life indefinite and immortal, and so he conjured up in his primitive mind another tree, the Tree of Life, whose fruit, if eaten, would make him as one of the gods, knowing all, imperishable, indestructible, master of his life and arbiter of his death.

In my dreams I feel that that old nomad dreamed the same dreams that we dream to-day, and as a seer, peered far into the vast unknown with as keen penetration as we, having greater knowledge, do to-day. He who conceived the story of the Eden and its human inhabitants was a master mind, touched by the hand of Omnipotence, and the old allegory is not without the possibility in truth.

My interpretation of the old philosopher's dream is, that when man awoke to consciousness, after long ages of bestial indifference, it was due to his having evolved a knowledge within himself that he *was*. The dreamer characterized the awakening as of man having eaten of the fruit of the tree of knowledge. He *knew*. He had been slowly and painfully moved along by the evolutionary forces of Nature until he reached a condition wherein he knew *good from evil*. He had stumbled across a few facts in the great mass of error (evil) which held him.

The current interpretation of this dream of the prophet makes of the

flaming swords an unassailable and eternal barrier to the tree of life, which bears the fruit holding the knowledge whereby man might have power over life, and thereby become indestructible. The Hebrew philosopher had no such dream. To him the sword was ignorance, which was to be broken by the weapon in the hands of expanding knowledge, which will permit man to approach the tree whose fruit will give into his hands dominion over his life, and make of him a god with omnipotent powers and possibilities.

Gradually the old dreamer fades away, but my dream goes on. In it I see sickness and death abolished, and man living to accomplish all that may be accomplished on this planet, let the time necessary be a hundred or a thousand years. And when a change is desirable, the transformation will be made without physical suffering, bodily distortion or mental anguish. Then man, serene in mind, knowing all, having no further use for the material form, will cast it gently aside as a well-worn garment for which there is no more need.

The battle against ignorance must go on to the end. The gloom of every mystery must be dispelled. In the book of Nature every page will be read. Œdipus will solve the riddle of life and death, and the sphinx, that thing which men believe to be unconquerable, must slay herself. *Man must know.*

Brother Cooper, the time will come when you will have to admit that "the subtle essence of vitality *has* been intellectually corraled."

STEPHENS.

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## ABSORPTION.

"Homeopaths and Eclectics are eligible for membership in the American Medical Association, and any district society. It is a pity that the broad, truly liberal policy which inspired the A. M. A. in defining the meaning of 'eligibility' has failed in the accomplishment of its purpose. The so-called 'irregulars' prefer to remain outside and leave the interested spectator to wonder why."

This quotation from a recent article pleading for uniting the reputable physicians into practically one body is evidently written in good faith, and outwardly bears the "hall-mark" of sincerity, but unfortunately the majority of the dominant school of medicine are not as liberal as the writer of the article in question. Why are there different schools of medicine? Why are there so many different sects in religion? Why are there different political parties?

Taking in reverse order, the political parties are all working for better government, to advance the prosperity of the people, and to attain the highest ideal of life. The religious sects are all aiming to better the

moral tone of the community, and incidentally, or probably it would be better to say primarily, to keep people from going to hell. In medicine the object is, or should be, the prevention and cure, when existing, of disease.

Divisions occur in the ranks of each and every one of the political, religious and medical sects, and it is fortunate for mankind that these differences in opinion exist. It would be unfortunate if they did not, as no progress could be made. A wise and beneficent law of nature is that inertia is impossible; there must be movement, and this movement is always in one of two directions, viz.: progression or retrogression. In order to obtain progression in human affairs, one important factor is competition, and this is a valid excuse for the existence of the different sects.

We of the Eclectic school of medicine are, or should be, proud of the work we have done in advancing the study of drug action along definite lines. Our researches have developed not only an indigenous *materia medica*, but also a line of drug preparations which for elegance and uniformity of action are unequaled. Are we now to emerge from our position, say we will rest on our laurels, and of necessity retrograde, be absorbed or merged, thus losing our identity and the incentive to further study? As a school, we still have much to do; our knowledge of drugs and their action has not passed far beyond the embryonic period of existence, and we can not lightly lay aside our task, for there is no school as well qualified to continue the work. Not because we possess superior mental ability, but for the simple reason we have been especially trained in this particular line of investigation. For this reason, even if there were no others, we can not afford to be absorbed.

Some of the warmest friends we have belong to other sects of medicine, but there are intolerant members of the profession in each school, and according to history, there always have been, and judging by the past, there always will be. As for a uniting into one grand, sweet dream or body, the time is not yet, nor will it ever come unless nature's implacable law of retrogression should be substituted for the present order of things.

FOLTZ.

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### MEDIOPATHY.

Never heard of it, eh? Well, that may not be the correct name of it, but it will do for provisional use. It is coming as sure as two and two are four. It *has* to come, because the right has to ultimately prevail. Sects in medicine are bound to prevail for a good while to come, and that — in our present state of knowledge — is all right. Why have we sects in medicine? It is simply because medicine is not a science.

There are no sects in mathematics. There are sects in all uncompleted sciences, such as psychology, metaphysics, etc. When such sciences shall have ripened into perfection through doctrinal attrition, then they will be sciences. The same is true of medicine.

The ideal system of medicine — to be realized some day — will be based on axioms, just as all real sciences are. Axiom and definition — that is the duplex basis of all science. No school can be stable if founded on a mere factor or constituent of a projected doctrinal organism. A system, to endure, must be based on a principle so *individual* and uncommon that it gives the system vivid *distinctiveness*. Nothing can endure which has not a *solid*, a *distinctifying* foundation. Eclecticism has not that, and *that* is why it is in decadence. Everybody who knows anything at all, knows that the atrophy of our school does not depend on clinical unsuccess. It is the theory of several prominent and representative Eclectics with whom I have talked that the failing condition of Eclecticism depends on the fact that its mission is fulfilled — completed. This is a favorite argument of our old-school friends. If its mission was the temporary and factional one of eradicating the atrocious drug abuses of ancient “allopathy,” then it is completed. It may be put down as an incontestable fact that unless we rehabilitate our system, its integral existence is not far from its end.

If specific medication were *peculiar* to our school, then it would be proper to call ourselves The Specific Medicationists. But it is not — it is common to all the schools. It is pre-eminently emphasized in homeopathy. Eclecticism is not peculiar to our system; the “allopaths” are eclectic. Eclecticism is individualized by nothing except some difference from other schools in drug indication. Can a medical school be built on a fact so purely subsidiary as this? The idea is merely puerile. Homeopathy will endure, because it is based on a fixed law, the law of similars. “Allopathy” will endure — at least till some truly philosophic system supplants it — by virtue of its ancient prestige and its doctrinal comprehensiveness. I said homeopathy would endure, but this is not so certain, for even if its basic principle were infallible and universal in application, it lacks in philosophic scope — its function is subsidiary in relation to an ideal medical philosophy.

There is an ideal therapeutic philosophy. It is based on axioms and definitions, just as mathematics is. This system will come, and it will come to *stay*. It will do this because it is *right*, and right always prevails in the end. Which existing school will be driven first into its adoption by the bald force of inevitableness is a question. It is the most momentous of all questions, and I beseech my brethren to ponder it.

COOPER.



**DOUGLAS CUL-DE-SAC.**

Douglas' cul-de-sac is the route the author always employs in pelvic drainage, following operations in the pelvis where there has been excessive adhesions, and much trauma following a laparotomy.

The left hand is carried down behind the uterus, and then, with scissors curved upon the flat, the right index and second fingers shielding the blade, search for the posterior part of the uterine cervix. The scissors are now opened, and cut close to the uterine cervix, up into the Douglas' cul-de-sac, the left hand acting as a guide and shield on the intrusion into the pelvic cavity.

The scissors are then withdrawn, and a long dressing forceps immediately carried up into the pelvis. Just at this time the iodoform gauze drainage drops into the jaws of the forceps, which are closed and withdrawn, bringing the gauze down to the introitus of the vagina; then with the left hand still holding its position in Douglas' cul-de-sac, the gauze is folded in pleats upon itself, until the last end is reached, and this is pulled upward to the uterine cornea, and spread out over the traumatic surfaces.

This gauze is allowed to remain *in situ* for two or three days, to act as drainage, when it is removed, and we have complete control of the drainage of the pelvic cavity.

I have learned, after much experience, that it is advantageous to have the patient with the upper part of the body somewhat elevated, where there has been pus encountered, in doing a surgical operation in the pelvis. This position forces the discharges down to the drainage gauze, and in turn the drainage gauze absorbs and delivers it outside of the pelvic cavity.

You might say, then, that the position of a patient following an operation where sepsis has been encountered is an adjunct of so much importance that it should not be neglected.

RUSSELL.

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**THE PRIMÆ VIÆ.**

The diagnosis of the seat of intestinal obstruction may be made manifest by the following symptoms in the various regions of the intestinal canal:

Where the occlusion is of the pyloric origin, the vomit contains food with mucus, mixed with blood, and of about the amount of food that has been swallowed, with the complete cessation of the passage affected. There is pain located in the epigastrium and in the back, with distension limited to the outlines of the stomach.

In duodenal occlusion, the vomiting is extremely abundant, ejecting

more fluid than has been taken by the mouth, and much bile and pancreatic juice can be obtained. There is a general metorism of the epigastric region, with almost complete cessation of the passage of feces and gas.

In ilio-jejunal obstruction, the character of the material vomited is first more of a mucus; afterwards food mixed with bile; later on intestinal contents are ejected; much tympanitic condition of the whole abdomen.

In obstruction at the sigmoid flexure there is pronounced metorism, with distension of the whole colon, manifest by the enlarged, tumor-like mass extending up and across and down on the left side of the abdominal cavity.

In all cases of complete obstruction of the small intestine, or the colon, there is excessive vomiting of the contents of the stomach, followed by a coffee-ground substance, complete exhaustion of the patient, and death, unless relief by surgical interference. RUSSELL.

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### THE MAKING OF BOOKS.

There are books and books, and the size of the book does not constitute its value. The value of the thought expressed in any book is the measure of its worth. A few paragraphs conveying a truthful idea made plain outweighs pounds of paper upon which words only are printed. A basic fact lucidly stated is of greater value to the man who thinks than pages of stuff that has been threshed over repeatedly.

Dr. Cooper, in his little book, entitled "Preventive Medicine," says more than is often found in volumes of a thousand pages, and what he says, *he* thinks. The subject of preventive medicine is one of the most important before the medical profession to-day, or, for that matter, any other day.

Dr. Cooper has mixed thought with his work, and never talks without having something of value to say.

In this little volume he talks *right* as he sees it, and Cooper sees about as straight as any writer I have knowledge of. Then he says what he has to say most beautifully. Cooper paints pictures in words. There are no dry didactic platitudes about him. Facts are set forth in prose poems framed in philologic blendings.

Doctor, whoever you are and wherever you roam, take my advice, and do not go to sleep another time until you send a dollar for *Preventive Medicine*. It will be of inestimable value to you, and besides will show that you appreciate a man who is earnest in the cause of humanity and solicitous for medical progress. STEPHENS.



**CONIUM.**

The specific indication for conium by which I have selected it for use is, excessive motility. The patient is in constant motion; when awake, often noisy, and destructive of clothing and furniture; under acute maniacal excitement.

While I deplore the indiscriminate use of poisons by the profession, which seems to have almost become a mania in recent years, I do not know of a remedy relieving the symptoms of excessive motility in mania as conium does. I have never used it in any other condition.

Our custom is to prescribe one drachm of the specific medicine in a four-ounce bottle filled with water, and give a teaspoonful of the solution every two hours until the patient is slightly stupefied and becomes quiet, then stop it, or reduce the size of the dose. The interval of two hours can be increased or diminished, as the condition of the patient seems to demand. I would advise that the text-books be consulted for history of this remedy before prescribing it. McMILLEN.

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**Saunders' New Books.**

Messrs. W. B. Saunders Company announce for publication in the early fall, the following excellent and practical works:

Keen's Surgery: Its Principles and Practice (Vol. I.)  
Sobotta and Murrich's Human Anatomy (Vol. III)  
Webster's Text-Book of Gynecology.  
Hill's Histology and Organography.  
McConnell's Pathology.  
Morrow's Immediate Care of the Injured.  
Stevenson's Photoscopy (Retinoscopy and Skiascopy.)  
Prelswerk and Warren's Atlas of Dentistry.  
Gecpp's State Board Questions and Answers.  
Lusk's Elements of Nutrition.

The most notable announcement is the new work on surgery, edited by Dr. W. W. Keen, complete in five octavo volumes, and containing over 1500 original illustrations. The entire work is written by the leaders of modern surgery—men whose names are inseparably associated with the subjects upon which they have written. Without question, Keen's Surgery will represent the best surgical practice of today.

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# THE ECLECTIC NEWS

## A MONTHLY NEWSPAPER

VOL. XI.

SEPTEMBER, 1906.

No. 9.

### BOOK NOTICES.

**Diseases of the Nose, Throat and Ear.** By Kent O. Foltz, M. D.

Professor of Ophthalmology, Otology, Rhinology and Laryngology in the Eclectic Medical Institute; Consulting Physician in Seton Hospital; Assistant Editor Eclectic Medical Journal; Author of a Manual on Diseases of the Eye. 117 illustrations. 12mo, 643 pages, cloth, \$3.50. The Scudder Brothers Co., Publishers, Cincinnati, O.

Prof. Foltz' work on Diseases of the Nose, Throat and Ear, marks a new era in the literature of Eclectic Medicine. It is the first work of the kind that has ever been attempted in our school, and we are to be congratulated upon having one among us so well fitted in every way to perform the office of its authorship acceptably and creditably as Dr. Foltz. Surely our contemporaries can offer none more erudite or thorough. We could hardly have had the peculiar elements of our practice better elucidated in this particular field.

Our general practitioner now possesses a work after his own heart, in that it summarizes all that he could learn from other works, while it combines the application of our own remedies to the treatment of the various diseases discussed. It is a work that possesses intrinsic value as an every day companion, from which he will be able to draw advice in many trying situations, for which he before lacked sufficient counsel. The student will find in its pages a mine of knowledge to further him on his journey through his curriculum, and to which to refer with confidence during his years of novitiate.

An excellent feature of the book is the comprehensive exposition of the anatomy and physiology of the organs concerned. This prepares one to enter understandingly into the etiology, pathology, diagnosis and treatment of the various abnormal conditions. The numerous engravings which accompany the text greatly assist in illustrating the statements of the author, and have been well chosen. The combination renders the subject as clear as words and cuts could; and another excellence is that few words are wasted.

Methods of examination receive their full share of attention. So well are these described and illustrated that every practitioner may become his own specialist, by careful attention to instructions. The instruments required are named, depicted and described, so that the tyro need be in no quandary as to what to procure in order to fit himself for the work in hand; and the manner of their use is so well told that it does not seem difficult to employ them.

In short, the work is cyclopedic in its scope, both as pertains to a knowledge of the morbid conditions of the nose, throat and ear, and their proper management.

The author insists that something more than purely local measures is to be desired in the treatment of these diseases, and has accordingly supplemented his local treatment with the recommendation of remedies calculated to encourage normal systemic conditions. He refers in his preface to the fact that this measure is usually overlooked by specialists, and argues that internal therapeutics, after the methods of specific medication, is an important element of success; and we find this idea well carried out, as we look through the pages of the book.

HERBERT T. WEBSTER.

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**Modern Physiotherapy.** A System of Drugless Therapeutic Methods, including a chapter on X-ray Diagnosis. By Otto Juettner, M.D., Professor of Practice at the Cincinnati Post-Graduate School of Physiological Therapeutics. Fully illustrated. 513 pages, 8vo. Price, \$6.00. Harvey Publishing Co., Cincinnati.

It is with considerable pleasure that we embrace this opportunity to review Prof. Juettner's work on Physiological Therapeutics. The doctor is honest and enthusiastic in the presentation of this subject, and his exposition of the various physiological methods for the treatment of disease is so clear and comprehensive that he who reads as he runs may understand. The subject matter of the treatise is divided into eleven chapters, with an additional two hundred pages on therapeutic application. The first chapter is devoted to the Philosophy of Physiological Therapeutics, and contains a rational and convincing argument against empiric drugging. We agree fully with him when he says: "The poor typhoid fever patient who for weeks has been persistently dosed with some coal-tar product, survives, though his blood has been subjected to constant deoxidation, and his red blood-corpuscles been destroyed in vast numbers. His heart bears up under the double burden of fever process and drug depression. Nature opens the pores of the patient's skin to eject the offensive substance. The patient finally recovers in spite of this so-called treatment—an anemic or even cyanotic semblance of his former self. This kind of empiricism savors of blatant quackery."

# Drug Treatises on Specific Medicines

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OR FORTY YEARS or more our house has aimed to evolve, and has striven to perfect, the most representative as well as the cleanest possible class of preparations in connection with plants. These are known as Specific Medicines. They specifically represent each drug minim to grain, as we have studied the qualities of the respective drugs.

At the request of physicians who ask for information concerning these plant preparations, and desire to study the vegetable remedies that have for many decades been to us a special study, we have instituted a systematic, descriptive, illustrated series, each being separate and complete. These are historical, descriptive, and explanatory of the drugs and their preparations; and until each edition is exhausted we will supply them free to physicians.

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| No. 5—Chionanthus.              | No. 13—Macrotys.                      |
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| No. 8—Nux Vomica.               |                                       |

Please note that we make only such remedies as physicians use and commend under their proper botanical or established titles; that we make no preparations for the home or self-cure of disease; that our printed matter is descriptive and designed for the medical profession only, and that we advertise nothing whatever to the laity.

If you are not receiving these drug treatises, or if your set is not complete, please advise us, and we will send the complete set or such missing numbers as may be desired and will place your name on our mailing list for future issues. Our preparations are for sale in all jobbing drug stores of America, and are supplied at our Cincinnati prices by pharmacists generally.

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Chapter 11 is on Personal Hygiene. This chapter is well worth careful reading and profound thought. In speaking of sexual hygiene the author makes the following trenchant statement: "Sexual hygiene has been and is still the *noli me tangere* of moralists, ministers, educators and physicians. A sense of false modesty, a perverted conception of morality, prevents the propagation of knowledge along this most important line. An agent of such gigantic power as the sex instinct, which is ever active, should certainly be regulated according to the physiological laws that control the sex function."

The following chapters are equally forceful and instructive. No physician's library is complete without this work, and the book is worth many times the price. Prof. Juettner has been particularly happy in avoiding the quackish pretensions and absurd claims usually set forth by the so-called physiological therapists. LYMAN WATKINS.

**THE ECLECTIC PRACTICE OF MEDICINE.** By Rolla I. Thomas, M. D. Illustrated. 1033 pages, cloth, \$6.00; sheep, \$7.00. The Scudder Brothers Co., publishers, Cincinnati, O.

We have been looking forward to the publishing of this book with much interest. Our expectations are fully realized. A very careful examination and a comparison with other standard works on practice, do not in the least detract from our estimate. The author in the preface reaffirms his faith in Eclectic practice. An experience of twenty-three years with specific medication serves but to strengthen our own faith, and we are pleased with an up-to-date work on the Practice of Medicine based upon pure, unadulterated specific medication. It is divided into eleven parts, concluding with a table of weights and measures, incompatibilities, and several pages on "Indications for Remedies." Part 1 is devoted to a study of the infectious diseases. The article on typhoid fever being full and very instructive.

Part 2 is devoted to diseases of the respiratory system, and in a similar manner, the circulatory, digestive, urinary, and nervous systems are studied. Each separate disease is fully considered; the synonyms, definition, history, etiology, pathology, symptoms, diagnosis, prognosis and treatment being considered in the order named.

We congratulate the author, and bespeak for his work success. It certainly commends itself to all who desire to study the therapeutics of Eclecticism as applied to the practice of medicine.

W. N. MUNDY, M. D.

The Eclectic Practice of Medicine, by Prof. Thomas, has been on my desk for some time. I have examined it carefully, and unhesitatingly pronounce it the very best work on practice ever written by a physi-



cian of our school. It is well gotten up, beautifully printed, and the illustrations are well executed. It is the equal of any recent text-book on practice, and superior to most. Its thorough Eclecticism commends it to our physicians, and I shall most heartily recommend it to the students of the American Medical College.

PROF. P. C. CLAYBERG, St. Louis, Mo.

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I am truly pleased with Thomas' Practice. It is the late epitome of Eclectic advancement. He is a specific medicationist, and fears not to so record himself in this monument to his greatness—this book on Practice. Every Eclectic should have it. The book suggests thoughts on all modern fads. It is full of the needed pathology and etiology. A grand book, a deserved authority both for reference and study for any doctor.

BENJ. L. SIMMONS, M. D.

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We met Dr. Thomas as a student of medicine in the E. M. Institute in 1879-80. After over twenty-six years acquaintance with him, his book is just what we expected it to be when we heard he was writing it. Comprehensive, clear, honest, true to the principles of specific medication—condensed, yet covering the field of the practice of medicine—it will compare favorably with any text-book on that subject.

BISHOP McMILLEN, M. D.

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**The Practice of Gynecology.** In Original Contributions by American Authors. Edited by J. Wesley Bovee, M. D. Illustrated with 382 engravings and 60 full-page plates. Lea Brothers & Co., Philadelphia. Cloth, \$6.00.

This is not only one of the latest works on gynecology, but one of the most practical, best illustrated, and up-to-date works on this important subject. The descriptions are full, the illustrations unusually fine, and each subject is treated with a thoroughness that shows each writer a skilled artist in his specialty. A valuable contribution to gynecology, and one that should be in the hands of every practitioner of diseases of women.

R. L. T.

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**Diseases of the Nervous System** resulting from Accidents and Injuries. By Pearce Baily, M. D. D. Appleton & Co., publishers, New York. Price, cloth, \$5.00.

This book of 627 pages is up to the standard of modern book making. The type and illustrations are very satisfactory. While much of the subject matter is considered in works on surgery and nervous diseases, it is very satisfactory to have it presented in so condensed a manner as Dr. Bailey has given it to us in this excellent book, from the neurologist's point of view. Many of the effects of injuries and

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**"Our observation of the medical literature indicates that ECHINACEA is being used far more than formerly. — J. A. M. A., APRIL 8, 1905."**

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shock are noticed in the deranged functions of the sympathetic nervous system, impaired nutrition, and many other acute nervous symptoms. The after effects are seen in secondary degenerations and deformities. The author has given full consideration to every part of his subject. The surgeon will be greatly aided by a study of this book, as well as all physicians who treat injuries. It is one of the good new books of 1906.

B. M.

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**A Compend of Diseases of the Skin.** By J. T. Schamberg, M. D. P. Blakiston, Son & Co., Philadelphia. Cloth, \$1.00.

The fact that each year witnesses a new edition of this little work is one of the best proofs of its worth. One hundred illustrations are found in the 300 pages of the book. The subject is concise and lucid. The student, as well as the busy practitioner, will find this valuable little work almost indispensable.

R. L. T.

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## COLLEGE AND SOCIETY NOTICES.

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### TEXAS ITEMS.

It is high time for every Eclectic in Texas to make some preparation for our coming meeting, October 10, at Fort Worth. The meeting place is centrally located and easy of access. Jason Tyson, of Santa Anna, the hustling President of our Association, has been very active in getting up a program, and has elicited much interest among the Eclectics of Texas, consequently we are going to have a first-class meeting.

Recently the legislative committee met a like committee from the other schools in Texas, with a view of formulating a medical law by which all could unite in one board, but little was accomplished, for as usual old Pericles wanted the whole cadaver. Every Eclectic in Texas who has a spark of loyalty for his principles or his school should attend this coming meeting. Let us stand firmly for our constitutional rights and separate boards. Let us suggest also that a clinic be arranged for our coming meeting. Arrangements can be made at once between those who have cases to present and the men who are proficient in that line. All surgical cases, rectal and gynecological, eye and ear, and chronic maladies difficult of diagnosis, may be brought to the clinic and placed in the hands of operators and diagnosticians just as capable and reliable as can be found. This is one of the weak points in Eclectic ranks that needs special attention. To let surgical cases slip out of our hands to the old school is not only a great loss to us as a school, but it reflects unfavorably upon our physicians, for the laity look upon a surgeon as a superior practitioner. Let me urge upon all Eclectics to prepare to take charge of their own surgical cases, and send them to Eclectics who are prepared to take care of them. This will be a rare opportunity for our men to present a case for operation or treatment, and in order that the clinic may be a success those who have cases to present should notify the section at once, and select whom they wish to take charge of the

case. The only expense connected with the operation will be the hospital fees. Now let us all feel that the success of the meeting rests upon our individual efforts, and immediately set about preparing for a grand, good meeting.

The examining board will meet on the 8th of October at Ft. Worth for the examination of applicants. L. S. DOWNS, M. D., Sec'y.

#### National Transactions for Distribution.

There are in the hands of the Secretary of the National Eclectic Medical Association the following:

|                   |             |                    |             |
|-------------------|-------------|--------------------|-------------|
| Volume XXIII..... | 157 copies. | Volume XXVIII..... | 121 copies. |
| “ XXIV.....       | 84 “        | “ XXX.....         | 12 “        |
| “ XXV.....        | 146 “       | “ XXI.....         | 42 “        |
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According to a resolution passed at the Put-in-Bay meeting, the Secretary was instructed to keep twelve copies of each volume, and to send to all members in good standing, who might desire them, such copies as they order, provided they pay the postage or expressage on them.

I have now some orders which will be filled in order as they were received, and future orders will receive as prompt attention as the work of the office will allow.

Where more than two or three books are ordered, and must be packed for shipment, the approximate expense will be fifty cents, and the Association should not be expected to defray this.

Explicit directions must accompany each order, for we cannot attempt to deliver books without the street and number. Delay in receiving books will of necessity follow if this is neglected.

Respectfully,

WM. P. BEST, Sec'y,  
2218 E. Tenth st., Indianapolis, Ind.

#### Ohio Announcement.

The section officers have been appointed for our Cleveland meeting in 1907. Now get to work, and those who desire to prepare a paper, or who think of doing so, ought to be at it soon. Possibly it is some unique case—some problem in therapeutics or surgery. No matter what it is, begin to think and prepare. Let us make the 1907 meeting the best and the largest attended in all our history. We have not met frequently in the north-east section of the State, so let us get out.

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# THE ECLECTIC JOURNAL

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## Original Communications.

### FRACTURES AT THE ELBOW.

By W. B. Church, M. D., Cincinnati, O.

Many authors have conceded that various types of fracture are certain to undergo imperfect repair, and be followed by defective function. This concession has, accordingly, been available in defending malpractice suits, and has been allowed weight in the courts. An acquittal secured under this plea must come short of giving complete satisfaction. It is vitiated by a suspicion that the decision was reached as a convenient subterfuge for exact justice. At all events we should, out of respect for the profession, try to limit the number of such fractures. The types usually cited are Colles', at the wrist; the so-called gunstock, at the elbow, in the upper extremity; and Potts', and intra-capsular fracture of the hip joint in the lower. Reference to the article on Colles' fracture, in the June number of THE JOURNAL, may suggest the propriety of taking Colles' fracture out of the impossible list. It is believed, too, that as much may be done for fractures at the elbow, to which the present article is devoted.

In the first place, permit me to repeat myself by again stating that incomplete adjustment is almost solely responsible for unfortunate results, and that defective immobilization, dyscrasias, and meddlesome interference of patient with the dressing, are too often lugged in to screen the incompetence of the adjuster.

Fractures involving the elbow joint are more often followed by marked deformity and impaired function than those of any other locality: consequently they are more often taken to the courts for redress, after the doctor removes his final dressing. The arm and hand are such admirable and useful appendages that artificial substitutes are a mockery; any permanent distortion or deformity of the member is a calamity that strongly appeals to the sympathy of a jury. Anything that shifts

the responsibility from the attendant will be more than welcome. To be charged with such misfortune, however unjustly, may be disastrous.

So far from accepting the concession as to the certainty of unfortunate results, we are ready to declare it a lame and impotent conclusion. There are no inherent difficulties in the management of these cases to justify such a humiliating confession. It must be admitted, however, that many practitioners find injuries of the elbow joint puzzling and baffling to a degree. Their knowledge of the anatomy of the joint seems too vague to be available. Without ascertaining the exact nature of the fracture, they content themselves with flexing the forearm on the arm, at about fifty degrees, and applying a right-angled splint to the anterior aspect of the arm, bandaging, and directing that the arm be carried in a sling. It must be admitted, too, that in so doing they follow the directions laid down by reputable authors, including our own lamented Professor Howe; with, perhaps in most cases, neglecting to begin passive motion in two weeks, as he advises, a neglect which is creditable to them, inasmuch as ankylosis is not likely to occur in cases tolerably well adjusted, and never occurs in cases accurately coapted. In cases where the fractured surfaces are left widely separated, only greater damage will result from early passive motion. The fractures we refer to are: fracture of the shaft of the humerus, just above the condyles, in which the condyles may also be separated, opening the elbow joint; fracture of external or internal condyle, fracture of the head of the radius, and fracture of the olecranon.

Of course crushing force may produce modifications of either of these, in which bruising of soft parts, comminution of fragments, and injuries to nerves and vessels may demand resection or amputation.

Confronted with a disabled elbow, our first duty is to determine the nature and extent of the disabling injury. Less than a minute is ample time to settle the question of fracture. With one hand grasp the wrist, extend forearm, and apply the other hand to the elbow, then try to produce lateral deviation. It is a hinge joint, permitting two motions, and two only, flexion and extension. If now you are able to add to these lateral deviation, you have a fracture. You will be able to demonstrate this so plainly as to silence all doubting friends or relatives. If it is a fractured condyle, you immediately determine which one by noticing which one is displaced by the lateral motion; besides, crepitus is readily elicited. If fracture of the olecranon, separation of the fragments will be apparent, produced by contraction of the triceps; besides, over-extension can be produced. If upper end of radius, it fails to participate in induced rotation. For further accurate diagnosis, and especially for securing accurate coaptation, the bony landmarks will now be carefully

investigated; see if the condyles are in the same horizontal plane, if the width of humerus through them is normal; note position of olecranon while flexing and extending arm; see if head of radius can be rotated; measure length of humerus, comparing in all these particulars with sound arm. Test your adjustment especially by determining if the relative position of the bony prominences is normal, if the head of the radius lies immediately beneath the external condyle. A good test is presence or absence of pain. The necessity of an anodyne, after the bone has been set, is an indication of incomplete adjustment; the converse of this proposition does not always hold true, for wide separation may not be accompanied with pain. Especial emphasis must again be given to the importance of accurate adjustment, always remembering that ancholysis, and all other unpleasant sequellæ due to callus formation, arise from failure to coapt the fragments. Very slight amount of callus attends cranial fractures, because when adjusted no gaps are left to fill, and in all fractures, the more intimately the fragments are apposed, the more limited will be the deposition of provisional callus. To attempt to obviate the consequences of careless and bungling adjustment, by early resort to passive motion, is the poorest kind of bone surgery. If there is real limitation of motion in a joint that will not yield left to time, passive motion will not help it. Anchylosis has been too much a bugbear. At least it needs to be made plain that it is due to excess of callus, and that excess of callus is due to failure to secure approximation of fractured surfaces. It is not a constant menace only to be avoided by early resort to passive motion.

Fracture of the condyles generally results from direct violence. The external may also be fractured by indirect injury, as by a fall on the hand. It always involves the elbow joint, but the tip of the internal, the epicondyle, may be broken off and the line of cleavage remain extra-articular. More commonly, however, the fracture is intra-articular, extending from the condylar ridge to the surface of the trochlea. Separation of the lower epiphysis of the humerus occurs frequently in childhood. It involves both condyles, and is sometimes complicated by severing a portion of the diaphysis. In all these fractures the results of treatment are often deplorable. As already intimated, they are all very amenable to treatment, and perfect recovery without distortion or impairment of function may be confidently expected. A single method of procedure applies to either variety. No splints are required. First extend the arm, and by traction and rotation overcome any displacement, then with the forearm supinated carry it to complete flexion, placing the fingers over the same shoulder. This will sometimes bring the fragments into close apposition, and sometimes it will not.



The reasons for such discrepancy will now be considered. When the arm is extended, with the forearm supinated, it presents an angle of about  $15^{\circ}$ ; in other words, the forearm is deflected outward at the elbow joint to that extent, constituting the so-called carrying angle. The degree of deflection varies in different individuals,  $15^{\circ}$  being the average. As already remarked, this angle is rigidly fixed. In each of the fractures mentioned it becomes possible to produce lateral deviation of the forearm, so that the angle of  $15^{\circ}$  is no longer maintained; the forearm may be swung inward into line with the humerus, or made to deflect inward to as great or greater degree as it normally deflects outward. If flexion is made while the forearm is extended in any other direction than the normal one of  $15^{\circ}$ , such flexion will not bring the fragments into accurate coaptation. It may happen that an extreme position of inward deflection of fully  $15^{\circ}$  exists when extension is made; such position can only become possible by wide separation of fragments; but this does not prevent flexion of forearm upon humerus to a right angle. Such flexion does not adjust the fragments; they must still remain widely separated. In such cases there must be deposition of excessive provisional callus, entailing synovitis, periarthrititis, and ankylosis.

The first essential preliminary condition is to extend the arm in its normal direction before flexing it; that is, to repeat, to see that the forearm is deflected outward. If flexion is then made directly upon the humerus, the fragments are readily pressed into close coaptation, and only require to be held in this position by bandaging to secure union. The splints of the surgical supply houses are made with little or no reference to the carrying angle, made to fit an arm in which the humerus and forearm form a continuous straight line, which they never do, unless displaced by fracture. Such splints immobilize the arm in an abnormal position, enforcing and maintaining the very conditions favoring ankylosis. There is no splint on the market that is not open to this objection. It is much better practice, therefore, to discard all splints in treating all elbow fractures that permit lateral deviation of the forearm. When completely flexed as directed, apply a roller bandage from the point of the elbow well up to axilla around forearm and humerus. A spica covering in the shoulder and carried around the upper part of the thorax, under the opposite axilla, with several turns, will prevent the bandage slipping off the inverted cone formed, of which the point of the elbow is the apex. Also, especially in children, it is well to secure the dressing with strips of adhesive plaster, applied longitudinally over the bandage. The elbow may also be supported in a sling. The awkward looking position is borne with little complaint, as there is no pain.

The dressing should remain undisturbed from three to four weeks, when it can be removed for massage. Such stiffness as remains can be left to gradual extension by the patient. In a very short time, rarely as much as ten days, function is quite restored.

The accompanying skiagraph was taken by me four years ago. It illustrates well the folly of relying on the angular splint with flexion at right angle. E. V., a business man of Holland, Mich., when about twenty years of age suffered what was supposed to be fracture of the elbow; really, as appears from the picture, it was separation of the lower epiphysis of the humerus, involving, as usual, both condyles, and, of course, permitting lateral deviation of the forearm. A surgeon of that city applied the usual angular splint, with forearm flexed on humerus at a right angle. The arm at present is functionally restored, but, as shown, the forearm is deflected inward as much as it originally and normally was outward, constituting an annoying deformity and incon-



venience. Mr. S., a railroad employee of the same city, about the same time suffered a fracture of the external condyle of the humerus, the line of cleavage extending into the joint, action of biceps and pronator radii muscles, causing pronation of forearm. Treatment by same surgeon, in same way; result, ankylosis, with forearm semi-flexed, and in fixed position of pronation. A serious degree of deformity and disability.

Fracture of the olecranon resembles fracture of the patella, and requires similar treatment. May be caused by direct violence or muscular strain. If there is complete separation of tendons and periosteal coverings, the fragment is drawn up and tilted backward by the triceps. The usual practice is to treat with arm extended on a straight posterior splint, but unless the upper fragment is in some way fixed, the triceps keep up sufficient separation to prevent bony union. Fibrous union may give a useful elbow, but the degree of separation of fragment from shaft in this method is likely to cause excess of callus, encroaching on articular surface. Better results are secured by crowding or pushing fragment into place, then with arm slightly flexed, apply strips of adhesive plaster diagonally over it, on either side, and crossing them over posterior surface of the upper forearm. A pad is then applied above the fragment, and joint covered in with figure-of-eight bandage. A fixation dressing over this will usually result in bony union. The uncertainty is due to the fact that fragments of tendon or muscular tissue may interpose. The best method, consequently, is the open treatment, suturing the fragment in position. Instead of silver or iron wire and drilling bone, strong chromicised catgut can be used to securely suture periosteum and fascia, as in patellar fractures. This will hold the fragments together and secure bony union.

A chapter will follow on Potts' fracture.

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### IMPORTANCE OF AUTOPSIES.

**By John Fearn, M. D., Oakland, Cal.**

On several occasions I have called the attention of the profession to the importance of holding autopsies on their patients, especially where diagnosis is not clear; and my own experience within the last eighteen months has increased my conviction on these lines. One of my patients, a lady over seventy, had long suffered with pulmonary and gastric catarrh, loss of appetite, constipation, and failing strength. A good portion of the time she suffered with severe pain in the center of right lobe of liver, and apparent lack of liver secretion. This increased till she was in almost a moribund state. The bowels refused to act with medicine, and she vomited what appeared to be disorganized blood and

feces. However, with the indicated remedy and high colonic flushing, the bowels were finally thoroughly moved, and for some time she was much better; her appetite was very good, and bowels continued more regular to the last. When she finally passed away, an autopsy was held. When the liver was exposed, a hydatid echinococcus about four and one-half inches long and two and one-half inches in circumference was seen. It was attached to the lower border of the right lobe of the liver, and was entirely free in every other direction; white and glistening in color, easily compressible. I can not think this had anything to do with her trouble. Before moving the stomach, I examined the liver carefully, and found at the seat of pain the organ was in bad condition; in fact, it was becoming disorganized; no pus, but it was breaking down, and could not possibly perform its function. Turning to the abdominal cavity, I noticed considerable dark fluid, and I said to my helper: "I am afraid you have cut some vessel." He said he had not. The stomach was then carefully lifted for examination, and on the posterior surface, about two and one-half inches from the lower border and equidistant between cardiac and pyloric end, there was a perforated, round ulcer, nearly half an inch in diameter, perfectly round, the edges looking as though it might have been perforated for some time. This, to me, was a most interesting case. With the exception of hyperacidity, there was an absence of most of the classic symptoms of gastric ulcer. It was a mixed case, several factors seeming to enter into the cause of death.

Second Case.—A lady over seventy had repeated attacks of cholangitis and cholecystitis. She would have nothing done except for relief during attacks. Her digestion was much affected. Each acute attack left her weaker, and she finally died. An autopsy revealed her body fairly well nourished, organs in fair condition, but gall bladder fairly packed with gallstones; in fact, such was the pressure that at one point the gall bladder was beginning to break down where it was stretched over one of the prominent liths. In this case an early operation, cholecystotomy, might have added years and comfort to her life. I could find no history of liths passing, but doubtless they had passed. But there seemed to be absolutely no room for bile in the gall bladder.

Third Case.—A lady a little over fifty years old. There was a history of failing health and considerable suffering, referable to the left side, especially in the region of the heart. Examinations showed countenance haggard; breathing short, often painful; pulse slow and very feeble; extremities somewhat œdematous; poor appetite; sleep not good. Specific remedies, given to meet specific conditions, brought quite a measure of relief, inasmuch that she did not continue treatment. After

a little while she returned. At this time she was passing but little water, and her feet and limbs were much swollen. An infusion of chimaphilla umbellata increased the flow of urine, and indicated remedies brought some relief, but not for long. I saw her in her home on two occasions very sick — great pain, breathing distressed, circulation very poor, and all the symptoms of both myocarditis and pericarditis. Though remedies brought a measure of relief, yet on my last call it was evident that the end was near, and she soon passed away. At the autopsy it was seen very plainly that she had passed beyond the reach of permanent help long before she called on me. There had evidently been serious attacks on more than one occasion of myocarditis and pericarditis, and that was the case on the occasion of her death. The pericardium was adherent to the heart, as I have never seen it before. As might be expected, the inflammation had extended to the pleura, and the pathological changes on the left side of the chest were considerable. Changes in the abdominal organs were not extensive, except that the gall bladder was literally crowded with gallstones.

The autopsies showed that in the first case for a long time nothing had been possible but palliation.

In the second case it was evident that an operation might have been attended with the happiest results, in relieving suffering and extending life.

In the third case I had only had the care of the lady for a short time, and the treatment could be little more than palliative.

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### MEDICAL MISCELLANY.\*

By T. Willis Miles, M. D., Denver, Col.

I have chosen this topic in order that I may mention a good many subjects without being expected to give anything like an exhaustive treatment of any one of them.

There are many little things, little points in diagnosis, little suggestions in treatment and in indications for remedies, etc., that one stumbles upon in a number of years' practice, that are really worth while. And if I can, in a short paper, bring out a few points, so that they will be of practical benefit, I shall be delighted.

The latest and best thing that I have found in the treatment of acute rhinitis, or "hay fever," is "adnephryn," used as follows: After first cleansing the nose with some non-irritating alkaline or saline solution, throw in two or three sprays of an oily solution of adnephryn, composed of: *R.* Oil solution of adnephryn (1 to 1,000), which can be procured

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\* Read before the Colorado Eclectic Medical Society.

at any drugstore already prepared, one ounce, and fluid glymol one ounce. Mix. Use in an oil atomizer. This will cause the distended and congested capillaries of the mucous membrane to contract, relieve the stuffiness and irritation, and give the patient great relief. This can be repeated as often as necessary, and in most cases will give permanent relief. By the way, the same treatment is a mighty good thing in chronic hypertrophic rhinitis. During this treatment the "indicated" constitutional remedy should be given. Special attention should be given to the stomach and bowels. Many failures in treating diseased throats are caused by a failure to correct an indigestion.

Macrotys is a remedy that is not as highly appreciated as it deserves to be. Soreness and stiffness of the muscles always call for macrotys in capital letters. In lumbago, specific macrotys in two-drop doses every hour, with plenty of water — at least a glassful every half hour — usually acts like magic. I recently had a case of pharyngitis with dysphagia, that failed to improve under phytolacca and echafolta. My attention was called to a slight aching in the back and in the region of the ovaries. I gave her macrotys, two drachms added to four ounces of water; dose, a teaspoonful of the mixture every two hours. Improvement began right away, and in twenty-four hours her throat was well.

Another old remedy that we are frequently inclined to overlook is iodide of potassium. In a great many chronic cases, where the tongue is of a leaden, bluish color, usually thick and flabby, you will find the iodide of potassium to be the key to the situation.

I know that there are a great many physicians who have "syphilomania." In every sore, eruption, stiffness, paralysis, or even in organic heart disease, they see a syphilitic. And to them syphilis means iodide of potassium, and from the fact that a great majority of these cases do improve under the treatment, they are confirmed in their diagnosis. They seem to forget that potassium iodide relieves many conditions that are not of syphilitic origin.

Iodide of potassium is one of our greatest glandular stimulants. It favors retrograde metamorphosis and elimination, hence its wide range of use in chronic ailments. I usually prescribe it in a saturated solution — one drop of the solution representing one grain of the drug. If the dose of the solution is taken in a teaspoonful of elixir lacto peptin or of liquor diastos, and followed by a glass of water, it will not disagree with the stomach.

Mrs. K. came into my office about six weeks ago with a vascular, purplish, ugly looking growth on the bridge of her nose, about the size of a lima bean. It made its appearance about two months previously in the form of a pimple, and increased to the dimensions mentioned. It

was growing rapidly. Her mother and one sister had died of cancer. She is about thirty years of age and well nourished.

I applied the X-ray, using a medium hard tube, distant about eight inches from the central electrode, and excited by a Wagner static machine, for five minutes, once a week. I protected the face with a mask of block tin, in which I made a perforation to correspond with the part to be treated. I treated her five times. The result is a perfect cure; not even a scar remains as a memento of the trouble. Gentlemen, the foregoing are *facts*. You may draw your own conclusions.

The following case illustrates the importance of being thorough in diagnosis. For the last year Mrs. C. has been complaining of a pain in her right side, in the region of the right ovary, appendix and liver. The pain was erratic, sometimes inclined to be sharp and shooting, other times dull and dragging. Always accompanied with a sick feeling, with tendency to faint. There was never any fever, and seldom much tenderness on pressure. The trouble was never entirely absent, although sometimes she felt it very little. It was usually much aggravated during the menstrual period. Bowels inclined to constipation, considerable indigestion, with much accumulation of gas in the stomach and bowels after eating. There has been progressive emaciation, she having lost about fifteen pounds in weight within the last year. I thought of ovarian congestion, appendicitis, catarrhal endocolitis, disease of the liver, etc. I tried to combat the symptoms, as they came up, with medicines and electricity. Sometimes I would seem to be succeeding for a while, only to have the trouble return as severe as ever. The patient and the doctor were both getting discouraged. One day I had her remove most of her clothing, and I determined to find out, if possible, the exact trouble. After much manipulation, and aided by the emaciation that had taken place within the last year, I came to the conclusion that I had a "floating kidney" to deal with. I had an elastic bandage made to order, and with a kidney pad placed in front, just under the liver. She has now worn this six weeks. All of her symptoms have disappeared; she has gained five pounds in weight, and is now working in an overall factory, and feels well and happy.

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### VARICOCELE.

**By Chas. M. L. Wolf, M. D., Galveston, Tex.**

One of the many diseases of the male genito-urinary apparatus which occurs frequently is varicocele. Fortunately it is not a serious disease, but one which is tolerated by many individuals for almost a lifetime. In others it is severe enough to induce the patient to consult the surgeon and to justify mechanic support or surgical interference.

Varicocele is a dilatation and associated degeneration and infiltration of the plexus of veins surrounding the spermatic cord — the pampiniform plexus. The changes which take place in the plexus do not differ widely from those of varicosity in other localities.

This trouble occurs more frequently than we are aware, some authorities giving the proportion as high as one in ten, others even venturing the occurrence of said trouble to be in fifty per cent. of males. It occurs most frequently in young adults, and in some cases has entirely disappeared with advanced age.

#### ETIOLOGY.

The anatomic relation and make-up of the veins in this region tend to make varicocele of so frequent occurrence. The vessels are very tortuous, and the valves they contain are defective. The veins wind around the spermatic cord, and in all their caliber is too great, thus favoring venous stasis and dilatation. Also, the supporting connective tissue of the parts is very faulty, being loose and not elastic. To empty themselves, the blood must rise perpendicularly to reach the large veins of the abdomen. We find the lesion occurring most frequently on the left side, being so located on account of the left testicle being the lowest, and the plexus on that side being the larger, also because of the peculiarities of the spermatic vein on that side. The left spermatic vein enters the renal vein at right angles instead of at an acute angle, as does the right vein into the vena cava, thus the return of blood is retarded at this point. Also, the plexus on the left side is longer and passes behind the sigmoid flexure.

The direct causes are multitudinous; lifting heavy weights, straining during defecation, blowing upon wind instruments, excessive sexual indulgence. We consider masturbation in the young one of the most frequent predisposing causes, for it is at that time of life when the parts are undeveloped and not ready for excessive hyperæmia and excessive use.

Sexual indulgence in those who are debilitated, and whose entire body lacks tone, causes frequent victims. In said condition the vessel walls are lax, flabby and unresisting.

Those who have weakness of the heart muscle, causing it to lack propelling and suction power, are many times attacked.

Those whose entire system of veins is relaxed and lacks tone and resiliency, as well as those who tend towards a hemorrhagic diathesis, are many times afflicted. Diseases of the lungs, liver and abdominal cavity, which produce obstruction by pressure to the return of blood, are factors. Chronic constipation, together with rectal irritation, tend to produce the lesion.



## MORBID ANATOMY.

Dilatation, with relaxation and enlargement. Loss of contractility and elasticity. Venous walls thickened. Contractile and elastic tissue replaced by tissue of lower grade. The valves are incapacitated, and in many cases become absorbed. Scrotum thin, relaxed, and elongated.

## SYMPTOMS.

*Clinical.*—A tumor in the scrotum, resembling to the tactile touch a bundle of worms. If phlebitis exists, the tumor is tender upon pressure. The testicle on affected side hangs low and may be somewhat atrophied. The patient himself notices an enlargement in scrotum and becomes frightened. The psychic status of the patient is sometimes the worst feature of the trouble.

*Subjective.*—There are psychic disturbances. Melancholy; low-spirited; feels he is unable to do his work; sexual hypochondriasis; pain in back and along the cord; a constant dragging sensation; scrotum has to be supported with a truss or patient is incapacitated; neuralgia of testes and irritability of vesicle neck; dragging pain may extend down the limbs; in some cases itching and pruritus exist.

## TREATMENT.

We will only consider the surgical treatment in this treatise. The parts should be shaven and cleansed properly. Wash with green soap, and follow with bichloride solution, and alcohol. Compress of bichloride gauze until ready for operation. Bowels should be cleansed by giving two drachms of magnesium sulphate in solution.

Patient should have nothing to eat for twelve hours previous to the operation.

*Incision.*—Make same over structure of cord two to two and one-half inches in length, and over greatest extent of varicosity. First cut through skin and fascia, applying retraction forceps, and clamping bleeding vessels. Then make incision over cord and expose vessels.

The vas-deferens should first be recognized and separated from the mass, tying it with a ligature, in order to recognize it and to keep it out of the way. This ligature is tied loosely and afterwards removed. Its artery should also be separated and the veins accompanying it, and all kept out of the field of operation.

The pampiniform plexus is then separated by blunt dissection, and a chromic gut ligature applied as high up as possible and tied with a surgeon's knot. Another is tied two or two and one-half inches lower down, having between the two the dilated and enlarged veins. The included portion of the plexus is excised, and the two cut extremities are stitched and tied together, thus shortening the cord about two inches. The cremaster muscle should not be touched, also the blood supply

should not be harmed to any extent. The wound is then ligatured with gut and then bandaged. We think it advisable to leave a small amount of drainage gauze in wound for twelve hours.

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#### FOURTH OF JULY WOUNDS,

By S. O. Barwick, M. D., Elkhart, Ind.

Possibly no class of wounds, no matter how minor they be, are so dangerously fatal as the glorious Fourth-of-July wound.

The treatment of bullet, incised and contused wounds is well known, but in the above named injuries, and from the annual number of cases of tetanus and deaths, there certainly is cause for new thought and treatment in such mutilations.

Already our city has given up two youths in death from tetanus due to injuries inflicted by Fourth-of-July explosives, while a third youth is under my care with an infected sore from a like accident.

From my experience in treating such injuries, I hold there is but one way to proceed, and that is, after an antiseptical cleansing, to convert the mutilation into what may be termed a *moist sore*.

In all Fourth-of-July wounds we find a combination of laceration of parts, which are imbedded with either particles of clothing, paper wadding, splinters, explosives, and with more or less of a burn, which renders such wounds utterly impossible to cleanse and dress thoroughly aseptic. In such wounds there is certain to be more or less of necrosed material to accumulate within the lacerations and upon the surface, and to *dry up such wounds*, in my mind, would be decidedly irrational.

For the first seven to ten days there should be no attempt to induce healing, but, if possible, with moist antiseptic dressings encourage an exudate, and thus allow the wound to free itself before healing begins.

Think of converting such mutilations at once into a dry condition, and attempting to encourage repair when yet in a morbid state!

As to remedies, gentle laxatives should be given to keep the digestive tract free, and light diuretics to cause the kidneys to free themselves of their waste products, while specific tincture echinacea should be given internally as a blood cleanser.

Locally, after removing all foreign particles, the first remedy should be an application of peroxide of hydrogen, then a bichloride of mercury solution as cleansing agents.

For local dressings, the parts should be thoroughly dusted with bismuth formic-iodide, asepsin, or gaultherine. To avoid these powders from converting the wound into a dry form, apply boiled vaseline, quite thick, to dressing gauze, and cover the parts, or absorbent cotton satu-



rated with a solution of Seiler's antiseptic tablet, or a solution of asepsin or gaultherine.

As a stimulating, antiseptic and cleansing remedy, my faith is strong in the bismuth formic-iodide, although asepsin and gaultherine are well worthy of confidence.

Such wounds should be dressed often enough to keep up stimulation, and free the lacerated parts from necrosed material, and maintain a moist condition.

When it is certain the parts are morbid free, then vitogen, asepsin, gaultherine or thimidol are choice remedies, followed with the boiled vaseline covering or the above mentioned solutions. I am confident, if such wounds are encouraged to exudate, and free themselves of necrosed and poisoned foreign particles, and repair in the way of healing is delayed for some days, there will be a much less chance of the dreaded disease, *tetanus*.

Less than one year ago a boy of twelve found an old, rusty, Fourth-of-July pistol, and at once set about to see if the hammer would work, little thinking to observe if it were loaded, and the result, the contents of a blank cartridge were discharged into the palmar side of the phalometacarpal joint of one index finger, making an ugly lacerated wound, combined with imbedded powder, wadding, and a burn.

As thorough a cleansing was given the parts as possible; no stitching was done, and the above treatment was carried out. The wound began freeing itself of the imbedded powder and the destroyed flesh, healing by granulation.

I am confident, were such an injury converted into a dry sore, with nothing but dry treatment, allowing the necrosed materials to become hardened, nothing short of tetanus could be expected.

For clean bullet and incised wounds the dry dressings are all right after thorough antiseptic cleansing, but for bruised or lacerated wounds, where there is more or less mutilation, I strongly advocate the *moist, stimulating* dressings.

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### AN IMPORTANT COMPOUND FOR THE HEART.

By John Albert Burnett, Dean Spring, Ark.

It is a well established fact by physicians of all schools of practice that there are compounds that will do what no single remedy can do in some conditions. There are many homeopaths that will admit this, and they are known to stick to the single remedy closer than any other system of practice, and do less alternating of remedies. Single remedies should always be used in place of compounds when they will do

what compounds will do. But this is not always the case; besides, many remedies when combined enhance the therapeutic action of each other. The late Dr. E. M. Hale, of Chicago, a noted homeopathic author, combined homeopathic remedies in some conditions, especially in heart diseases, and claimed he got results that could not be had from any known single remedy.

• There are but few Eclectics of practical experience that would claim that there are single remedies that can take the place of some of the compounds mentioned in *King's Dispensatory*. Any old-time or up-to-date Physio-medical physician is well satisfied that there are no single remedies that can take the place of some of the compounds recommended by the late Dr. W. H. Cook and others. All regular physicians combine remedies, and none of them object to it. Compounds should be intelligently made, and not in a "hit-and-miss" way, as is occasionally the case. Every compound should conform exactly to the indications in each particular case, and in most cases a compound formed to suit the case. But there are so many cases presenting the same conditions that prepared compounds are very convenient by being indicated often; besides, additions can be made when necessary.

I have formulated an important compound for the heart, which is original with me, but as far as I know, it may be used by numerous physicians and recommended by various writers. It is as follows:

R.—Specific cactus, ʒ v; specific myrica, ʒ iij; specific hydrastis, ʒ ij; tincture capsicum, ʒ v. M. Sig.—Dose, ten to twenty drops every three, four or six hours, as needed.

According to my experience, cactus is the best general heart remedy of any single remedy that I have ever used. It will pick up a skip beat nearly every time. I have never known it to fail to pick up a skip beat in my limited experience, and was told by a regular physician of twenty-one years' experience that he never knew it to fail to do it, and that he used it in place of digitalis.

Myrica is a valuable remedy in some diseases of the heart. It makes a very important remedy when combined with other remedies. Full information on it can be found in my article, "Myrica Cerifera," July, 1906, *ECLECTIC MEDICAL JOURNAL*.

Hydrastis, like myrica, makes a useful heart remedy when combined with other remedies. It sustains the circulation in the veins, also the strength of the patient, which is a very important thing in some cases. By some experienced physio-medical physicians, hydrastis is considered the best general tonic they have.

Capsicum sustains the circulation in the arteries, and is considered by Dr. Younkin, of Missouri, to be the most powerful stimulant in the

materia medica. It is also a famous remedy in physio-medical practice. This compound makes a valuable tonic for general purposes when a sustaining tonic is indicated during convalescence from any disease, and in cases of atonic condition where the heart needs sustaining.

Through this section of country many patients die with pneumonia when the disease is in the last stage and the patient is thought to be almost out of danger. I am satisfied that such cases die from weakness of the heart or big doses of digitalis, which is usually the heart remedy that is used when any is used. If the above compound was used, all such patients would get well if such big doses of digitalis were left out of the treatment. I knew one physician to prescribe fifteen-drop doses of equal parts of U. S. P. 1890 tinctures of digitalis and belladonna, to be taken every two hours. I have but little use for digitalis in small doses, and no use for it at all in large doses. It is a dangerous drug, while the above compound is safe.

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### GENERAL CAUSES OF DISEASES OF WOMEN.

By A. F. Green, M. D., Cleveland, O.

Diseases of women as here understood are those peculiar to the female sex.

The causes may be divided into four general classes, viz.:

- I. Defective or perverted cell differentiation and nutrition.
- II. Presence and influence of disease-producing germs.
- III. Traumatism of wounds.

In many diseases we have a blending of two or more of these causes.

Under the first cause we have deformed ovaries (congenital), too many ovaries, absence of ovaries, and displaced ovaries.

Also about an equal number and similar malformations are found in the fallopian tube.

In the uterus we find the double uterus, accessory or additional uterus, and bicornate uterus.

With the vagina we note the double vagina (vagina septa), absence of vagina, and atresia of vagina, or imperforate vagina.

Anomalies of the vulva and anus are: Atresia (closed), persistent cloaca (vagina and anus one common canal), hypospadias (defect in the posterior wall of urethra), epispadiæ (defect in the upper wall of urethra), and infantile vulva.

There are also malformations of the nymphæ, clitoris, and prepuce.

We also have under this head tumors of the vulva, vagina, uterus, broad ligaments, bound ligaments, fallopian tubes, ovary, and paro-varium.

(2) Under Cause II. (disease-producing germs) may be mentioned the names of the more common of the pathogenic microbes and the troubles they produce: Staphylococci, streptococci of suppuration, bacillus tuberculosis, bacilli coli communis, pneumonococcus of Fränkel, gonococcus of Neisser, streptococcus causing erysipelas, Klebs-Löffler bacillus (in diphtheria), syphilitic and chancroidal bacillus.

The diseases caused by the entrance into the system of the foregoing pathogenic germs are readily inferred by the names of the microbes.

Under Cause III. (traumatism), non-puerperal injuries of the vulva, vagina and cervix uteri; also the puerperal injuries, such as laceration of the perineum, laceration of the perineal region, laceration of the cervix uteri.

Under Cause IV. (displacement) we have the various displacements and mal-locations of the uterus and its appendages.

In addition to the primary causes already mentioned may be named remote causes leading up to one or more of the primary causes. First among these is improper dress.

Proper dress provides three necessary conditions, viz.:

1. Uniform protection against cold and wet.
2. Freedom from constriction of the waist, limb, or other parts of the body.
3. Freedom from traction.

Even distribution of garments, and garments of the right fabric, according to the season, are necessary to secure even temperature of the body, and thereby an even and perfect circulation of the blood. Deviation from these principles tend toward pelvic disease. This will be readily understood when we recall the dictates of fashion at the present day, viz.: Cotton or linen undershirt, often sleeveless and low in the neck; drawers equally thin and non-protecting; shoes thin and tight, with stilted heels; the bonnet as light and useless as vanity itself; while in contrast the waist and hips are over-protected by a multitude of covering.

Not only does the unscientific fashion of dress cause coldness and anemia of the extremities and over-heating and congestion of the viscera, but it also demands the senseless constriction of the waist, causing it to resemble the middle part of the little insect we call the wasp. This foolish and paganish custom prevents normal breathing — expansion of the lungs in all directions — a costal and an abdominal exercise. Waist constriction immobilizes the abdomen, and thereby prevents abdominal breathing. This involves a loss in lung power, which can not be supplied by any compensatory increase in costal breathing. Moreover, the diaphragm from upward pressure, and the pelvic flow from downward

pressure, are rendered inactive and atrophic, and are thereby unable to make their upward and downward movements, which normally should be transmitted to the abdominal and pelvic viscera. The physiological importance of these respiratory movements is very great. They are a sort of natural massage. The descent of the diaphragm with each inspiration increases pressure in the abdominal cavity and lessens that in the chest. The reverse of this occurs with expiration. Alternating pressure and relaxation upon the blood and lymph vessels secures free circulation. Alternating contraction and relaxation of the muscular bundles of the uterine ligaments and of the other elastic and muscular parts of the pelvic flow serve to maintain their normal nutrition and tone. Alternating rest and motion are essential to the health of the organs and their supports; waist constriction immobilizes them and stops their physiological movements. The pelvic veins empty into the greatest area of corset pressure; the long and perpendicular column of blood of this area (the portal system) is by such pressure dammed back upon the pelvic organs, especially upon the ovaries. The consequence is passive congestion, followed by disease.

The circular garter is injurious because of its tendency to obstruct the venous circulation in the legs.

In regard to traction of the garments on any part of the body, it may be mentioned that the abdominal and dorsal muscles and the hips have to carry the weight of numerous skirts and such other garments as usually oppress that area. In the effort to sustain this weight, the muscles become permanently tired, lose their tonicity, and are powerless to prevent a still further increase of downward pressure upon the pelvic flow and pelvic organs.

Another class of remote causes may be found in the various diatheses, such as gout, rheumatism, anæmia, diabetes, lithemia and cholæmia; but the exact relation which these diatheses bear to diseases of the pelvic organs is not as clearly established as it should be.

Local favoring conditions to pelvic diseases are found in the anatomical arrangement of the pelvic organs. The genital tract, from the vulva to the perineum, is an open canal extending from the open atmosphere below to the free open ends of the fallopian tubes above. It is not only accessible to such microbes as abound in the air, but it serves as a nesting place for virulent bacteria.

The rupture of the capillary vessels of the lining membrane of the uterus and the rupture of the Graffian follicles of the ovary in ovulation open up raw surfaces. These raw surfaces and the menstrual congestion of the pelvic organs under healthy conditions pass by with little or no discomfort; but if some morbid condition of the system should

arise to disturb the normal balance of nutrition and the traumatic area become infected, the otherwise normal menstrual congestion will become pathological, and be the first stage of inflammation.

Traumatism of parturition, of abortion, of improper local treatment, and of operations, still further open the way for the entrance of infection. Violent coitus, use of the unsterilized catheter or the sterile on unsterilized genitals, the use of impure water or non-aseptic sponges in bathing, and the use of infected closet seats, are some of the means by which gonorrheal, syphilitic and other infections develop in the genital tract. Infection of the puerperal woman is especially destructive. Decomposed secretions and the products of fatty degeneration from involution and from the menopause, favor the development of pathogenic microbes. Tumors, displacements, tight lacing and constipation are among the common local predisposing causes of morbid congestion, and consequently of infection in the pelvis.

As to comparison of the different causes, it may be said that Cause No. 2 (pathogenic germs) is the most harmful, and yet the one most completely under our control. And the one germ that leads all others in causing disease in the female pelvis is the gonococcus. Its chief power for harm lies in the lasting vitality of the germ long after apparent cure. Many an innocent and previously healthy woman, shortly after marriage to a man who supposed himself to have been cured of gonorrhea years before, has gotten a destructive gonorrheal infection of the genito-urinary organs, which generally results in chronic invalidism and a life of blasted hopes.

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### ACUTE CATARRHAL BRONCHITIS.\*

By A. L. Swartzwelder, M. D., Cleveland, O.

Of all winter and spring diseases of children, this is the most prevalent, due in part to the peculiarities of the infantile thoracic cavity. In comparison to the adult, the large size of the trachea, bronchi and bronchioles in the infant or young child make it peculiarly susceptible to a catarrhal condition of the lining mucous membrane of the air passages on account of the larger access to the lungs in these tender years of life. Added to the largeness of the air passages is also the marked rapidity in which inflammation spreads in the child from the trachea to the bronchi and bronchioles. Another factor that enters into the prevalence of this malady in children is the thinness of the chest walls from lack of development of costal muscles, hence lack of warmth.

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\* Read before the North-Eastern Ohio Eclectic Medical Association,



The small size of the infantile chest must always be borne in mind, caused by the high position of the diaphragm, the large size of the thymus gland, and the frequent distension of the stomach and intestines with gas, all these factors aiding in retarding the fullest use of the lungs, which tends to weakness from lack of development.

With these facts in one's mind, what are our duties to the sick child suffering with catarrhal bronchitis?

A thorough, painstaking, tactful examination should be made of the bared chest of the infant in a room 72° Fahr.

Our examination should begin on the back, child resting on nurse's shoulder, as sounds are better heard posteriorly in child life.

The use of the phonendoscope or stethoscope, to intensify sounds, will aid materially in arriving at true conditions. Carefully go over all the back, under axillas and sides of chest.

When you have observed all signs by observation, auscultation, and percussion on back, lay child on lap of nurse and proceed in like manner on the front, especially using care in the infra-clavicular region and over the sternum.

Note carefully all sounds along the trachea, bronchi and bronchioles, as upon these signs hang your diagnosis, prognosis and treatment.

For convenience let us first consider bronchitis of *larger tubes*.

Onset gradual, and may be preceded by catarrh of the nose, pharynx or larynx, but the change in the character of the cough, accelerated breathing and further rise in temperature warn us the bronchi are involved. Secretions coughed up into mouth and swallowed, causing derangement of stomach at times.

There are restlessness, fever 100° to 102° Fahr., anorexia, constipation, cough, and possibly diarrhea.

The physical signs in the first stage are: Dry, sonorous mucous rales over the whole chest, followed later by coarse mucous rales, heard especially loud between scapulæ and in the infra-clavicular regions. On palpation there is usually marked bronchial *frunitus*.

Illness lasts about one week, unless disease spreads to smaller tubes or air cells.

Relapses are common, unless great caution is taken.

Bronchitis of smaller tubes, or second variety, differs mainly from the greater severity of symptoms. The severity of the case may not show itself till the second or third day, or it may be severe from the onset.

There are cough, dyspnoea, accelerated breathing, fever, and moderately severe prostration.

Cough tighter, nursing difficult, alæ of nose dilated, and recession of all the soft parts of chest on inspiration.

Respiration, fifty to eighty a minute; temperature,  $100^{\circ}$  to  $102^{\circ}$ , or even  $104^{\circ}$  Fah.

Sibilant and sonorous rales at beginning, followed in twenty-four hours by moist rales.

Respiratory murmur feeble, resonance on percussion normal or slightly exaggerated, cyanosis.

Bronchitis of older children is not so severe as in infants, because the same danger does not exist of extension of the inflammation to the finer bronchioles and air cells of the lungs.

Mild Form.—Constitutional symptoms slight; not sick enough to go to bed.

First symptom: Tight, hacking cough; slight soreness or oppression beneath sternum, with expectoration of white, frothy mucus.

Physical signs: Coarse rales, first dry, later moist, and heard over both sides of chest, in front and behind. Some disturbance of digestion, constipation, anorexia, or diarrhea.

Severe Form.—Onset abrupt, with fever, chills, pains in back, headache, cough, and sometimes pain in the chest. Tightness, sense of oppression beneath sternum; resembles pneumonia, except symptoms are not quite so severe. Temperature,  $100^{\circ}$  to  $103^{\circ}$  Fah., generally highest in the first twenty-four hours.

Expectoration profuse; coarse, fine rales first few days, followed by moist rales. As relapses are common, great caution must be exercised in all forms of bronchitis.

Treatment.—First, attention should be given to the surroundings of the patient, having it placed in a light sun-penetrating room; lowered window and open fireplace; plenty of warm covering, and a temperature of  $70^{\circ}$  to  $72^{\circ}$  Fah.

All vessels disinfected with chloride of lime or formaldehyde. Keep patient perfectly quiet, avoiding all excitement till recovery. Food, liquid or semi-solid till fever abates, and given every two to three hours, as to severity of case.

Medication.—Small doses at frequent intervals of the indicated medicine.

Aconite, small, frequent pulse, combined with gelsemium if there are nervous symptoms, accompanied with flushed face and bright eyes.

Veratrum, full, bounding pulse.

Bryonia, if there are chest pains, crying, or expressions of facial distress.

Lobelia may be needed to relieve oppressed breathing and tightness of chest.

Belladonna, if symptoms of dullness, dilated pupils, or cyanosis.

Sticta, pains between shoulders, extending to back of head.



Ipecac, if there is spread of disease to lung tissue.

Antiseptics, if there are typhoidal symptoms.

Locally, emetic powder, mustard paste, five to ten minutes every two to three hours, or libradol; but above all things, keep chest covered well with cotton batting.

Don't rely wholly on sedatives, but use baths every two to three hours, as case requires, to hold down fever.

Keep bowels regular with castor oil as needed.

Carefully watch your case till all fever disappears and no abnormal chest sounds.

Support the weakened vitality of child with hypophosphites, quinine, iron, strychnia, etc., to avoid relapses or decline into tuberculosis.

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### NON-MALIGNANT DISEASES OF BREASTS IN WOMEN.\*

By E. Brinkerhoff, M. D., Youngstown, O.

The mammary glands or breasts are glands whose office is to secrete milk. The physician should acquaint himself with the anatomy of these glands, lymph vessels, blood vessels and nerves in order to be able to diagnose and treat any disease of these glands intelligently, or operating for removal of part or the whole of the gland.

They are situated, one on each side lateral half and anterior to the chest and below the axilla, occupying the space from the third to the sixth ribs. Their weight and size increase at different periods of life; are in a semi-dormant state until about the period of menstruation, when they gradually increase in size, and from the miss into womanhood, from the beginning of impregnation until full term is reached, they gradually enlarge and fill with a liquid and milk.

The mammary glands are subject to various diseases, possibly due to their peculiar construction.

The mammary glands are made up of a number of lobes, held and bound together by fibrous tissue, cellular tissue, fatty tissue, areola tissue, blood vessels, ducts and lymphatics. Each lobe is made up of lobules. These consist of small clusters of vesicles, which open into the smallest branches of the lactiferous ducts, and these uniting with others, form a large duct, which terminates in the nipple. These number from fifteen to twenty. These ducts are much larger near the outlet, and act as a reservoir or storage of the milk. There is considerable fatty tissue deposited between the lobes, which gives it its form and size.

The main lymphatics pass along the lower border of the pectoralis

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\* Read before the North-eastern Ohio Eclectic Medical Association

major muscle to the axillary glands; the lymphatics of the nipple pass through the second intercostal space with the artery and vein, and enter the glands in the mediastinum; others enter between the fourth and fifth intercostal space. Thus in malignant disease of the breast it quite often passes through the chest wall along this route, and we may have the disease extend into the mediastinum or in the pleura.

The nerves are derived from the anterior and lateral cutaneous of the thorax. From the peculiar construction of these glands, and situated upon a loose structure, held in place firmly by the integument, they are liable, under certain conditions or circumstances, to an enormous distension and size. They have been known to become so pendulous that they could be thrown over the shoulder and the child nurse from the mother's back.

From infancy to old age the gland may become diseased. Every physician has seen the infant with an inflamed breast, and how difficult at times it has been to overcome.

I believe right here the seed is sown and the foundation laid for trouble in this child, when grown into womanhood. This lies in a dormant stage, possibly for a number of years, until at the right time or condition for it to develop, may be at time of puberty, miscarriage, or at time of confinement, when there is an excitement of the gland to its physiological action, when the gland begins to distend and enlarges uniformly, as it should. We find a certain portion of the gland is bound down; a portion of a lobe or lobules have been partially destroyed in infancy. Yet there are a number of healthy lobules left, and as they develop or form secretion, there is no outlet, on account of the lactiferous tubes having been destroyed, or if any are left, they are in a stage of stenosis, and the secretion can not escape. What would naturally be the result? A hardness or lump at this particular point, and as the breast continues to enlarge, this particular point is held or bound down by former inflammation of the connective tissue, the nerves are bound down, and we have pain heat. There is an extra amount of blood to this part, and this produces an extra amount of secretion, and finally we have a lump or tumor to contend with, and this may terminate into malignancy.

Do not, under any circumstances, allow the babe to nurse from an inflamed or diseased breast, but the milk should be removed by means of a breast-pump or a puppy; have heard of resorting to a young lamb.

Under no conditions should the breast be squeezed or handled roughly. Mammary abscesses often arise from cracked or fissured nipples, by the mother refusing to let the child nurse on account of pain, or sometimes the child refuses to nurse; the mother may neglect to let

the babe nurse by being away from child too long at a time, by dampness, by injury, by fever from retained placenta, or by infection.

It is the physician's duty to prepare this breast and nipple that they may perform their offices, especially in the primiparæ. Do not use astringent lotions to the nipple, as a great many recommend, as *tannin*, sugar of lead, bichlorates, alcohol, or anything that has a tendency to harden the nipple and remove the epithelium. Rather, apply something that will keep the nipple soft and yielding. I find nothing better than occasionally bathing the breast and nipple with boracic acid solution, and apply pure mecca oil to the nipple. If the breast should become too pendulous before confinement, all pressure should be removed and a support worn, thus removing the tension on the tissue and milk tubes.

A few days after confinement the physician is sent for. On our arrival, we inquire of the nurse; if none, of the patient, and find she has had a chill, followed by a high fever, severe pain in the head, shoulder and back; pain in lower limbs; lochia stopped, or nearly, and very offensive; burning heat in vagina; tender over womb; bowels constipated, tongue coated white and dry; breast very much distended, hot, very painful, cracked or fissured nipples; a well defined lump, usually in under surface of breast, and appears to involve the whole gland.

Nearly all home remedies have been used, such as hot pancakes, baked-bean poultice, hot cloths, yeast and charcoal poultice; all kinds of teas have been given. These no doubt have done some good; at least they have eased the pain as well as the patient's mind.

The physician will have the breast cleaned up with some antiseptic, as bichloride or boracic acid solution. Try and relieve the distended breast with breast-pump, but under no circumstances allow the child to nurse from this breast.

We will order vaginal douches, either permanganate or chlorate potassium, or bichloride of mercury. We must clean out the intestinal tract and keep it antiseptically. Give a laxative. I prefer compound of jalap and senna, one drachm in hot water every three hours, until the bowels are cleaned out; then saline laxative (W. A.) every morning, or as often as necessary; also (W. A.) intestinal antiseptic, one tablet every three hours; phytolacca for enlarged breast, soreness in axilla and groin; pulsatilla, nervousness and despondency; macrotys, soreness of muscles and womb; aconite, small, frequent pulse; veratrum, full, bounding, frequent pulse. We may think of gelsemium, echinacea, baptisia, acetate potassium, sulphite of soda, and so on down the list.

Externally to the breast, in acute stage,—that is, before pus has formed,—I have found nothing better than Professor King's formula:

**R.—Liniment.**—Oil of cajaput, oil of sassafras, oil of olive, spirits of camphor, āā ounce ss.

Apply this to breast every three hours, after which apply the following ointment, spread on muslin cloth large enough to cover the breast, with hole for nipple:

Castile soap, striped, ℥ vj; fresh lard, ℥ iv; yellow beeswax, ℥ j.

Finely cut or shave the soap and wax, add to it the lard, and melt by means of moderate heat, and when thoroughly melted, remove from fire, and when nearly cold, add:

Jamaica spirits, ℥ iij; gum camphor, ℥ iij.

Continue stirring until cool.

Change this every three hours, first applying the liniment, then ointment as warm as the patient can bear.

For the cracked nipple I would bathe in boracic acid or asepsin solution, and apply echafolta ℥ j to water ℥ iij, cotton saturated and in contact with nipple. If this should cause too much pain, I would use the mecca oil, and support the breast with a bandage.

I have used the above treatment for the past fifteen years, and have never been disappointed, when used before suppuration has taken place.

If the inflammation has gone so far that pus has formed, the above treatment has done no harm, but has done good in easing the pain and softening the breast. We will examine at each visit for any point or pockets where pus may be forming and for fluctuation. If we find a point in which we think there may be pus, we will remember the anatomy of the part, and cut in the same direction of the ducts, under antiseptic precaution and local anesthesia. Some physicians prefer the dissecting process. This prevents cutting into any ducts. This is all well in theory, but the patient wants it done quickly. After opening the pus sac or sacs and the pus has escaped, wash out each pocket with asepsin or boracic acid solution, followed by injections of echifolta ℥ j, aqua ℥ iv, in each pocket, and cotton kept saturated over breast. Sometimes the breast is so sensitive that the patient can not bear any of the echifolta dressing, as it produces a sensation as if fire was on the part; then I would use boracic acid solution. I would give, in addition to the remedies in the acute stage, sulphide of calcium, one-half grain every three hours.

#### CHRONIC MAMMARY TUMOR

Is found principally in unmarried or barren women, is slow in its growth, causing but little pain, movable, and situated near the surface. At the menstrual period it appears to be somewhat larger and a little tender; after each period this quiets down; may continue in this way for a number of years and finally disappear after the cessation of

menstruation, or if in a single woman, after marriage. This tumor is supposed to be sympathetic with the uterus. We might try externally libradol, iodine, thuja, and internally, phytolacca, iris, compound syrup of trifolium.

There is a watery or cystic tumor involving part or whole of the breast; sometimes are enormous in size; usually cause but little pain, unless they reach such a size that their own weight would cause pain. In this case they are usually supported from the shoulder. The tumor is like unto dropsy, and when open, a serous fluid escapes; if this occupies but a small portion of the gland, the sac may be removed; but if it should be very extensive, the only cure is to remove the breast by the radical operation.

Lactiferous swelling, which is nothing more than an enlargement of a milk duct, usually near the nipple. This is soft, and we get fluctuation on palpation; at times quite painful when child nurses; partially due to a sore or cracked nipple. If you do not lance this, it will likely become inflamed and discharge; or if you lance it, the chances are you will have a milk fistula. The only thing to do is to stop the babe from nursing this breast, and apply a tight compress until the breast is reduced normally.

#### TUBERCULAR AFFECTION.

This may be effected from the lymphatic glands of the neck or axilla; usually we find this in delicate, pale, ænemic individuals. First are small masses, but gradually enlarge, break down and discharge, giving a number of fistula openings. This may involve the ribs or cartilages. We can do but little in medication, either locally or internally. We may irrigate with iodine, carbolic acid, thuja, or echafolta. This may seem to check for a time, but the better way is to remove the gland and follow the lymphatics up into the axilla, and if necessary, along the neck. In the meantime we would give our best tissue-builders, as in tuberculosis of the lung.

In the New York Post-Graduate Hospital they teach that when there is any doubt as to the nature of the disease of the breasts, give the patient the benefit of the doubt by removing the breast before it involves the lymphatics of the axilla and neck. In this way we may be able to save the patient's life.

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Carcinoma of the cervix may remain hidden in the lumen of the cervical canal, which is then eroded and forms an irregular elliptical cavity. While the external os is closed, suspicion of the serious condition present will be attracted by the foul or bloody discharge.—*American Journal of Surgery*.

**RECTAL IRRIGATION IN ENTERO-COLITIS OF CHILDREN.**

**By Clarence G. Clark, M. D., New York City.**

When we consider that nearly one-half of all the children born, die before reaching the age of one year, and that by far the greater portion of these die from some form of intestinal indigestion, we realize what an immense field there is for the improvement of our technique in the treatment of these affections. Our infantile mortality could undoubtedly be greatly decreased could all cases be seen and treated actively from the outset. Although a great many are cases of such a violent character from the very outset, still there is a certain proportion of a more or less chronic nature, and it is this class of cases which greatly tax the ingenuity and patience of the physician. No medication by the mouth seems efficient to stop the progressive wasting. As soon as food is taken, it is passed out without the child absorbing any of it. It is of one of these cases that I wish to present to the medical profession a report, hoping that the methods adopted will be found successful in other cases of a similar nature.

Baby D., age four months. History: Child was nursed by mother for one and a half months, but as her milk was of poor quality and the child did not thrive, she was advised by her attending physician to stop the breast and substitute bottle. This she did, feeding the child on a mixture of milk, cream, milk sugar and barley water in a 3-6-1 proportion. The baby thrived on this for about two months, but early in July it developed a diarrhea. The mother gave it home remedies, but still continued the milk, feeding it even more frequently than before, as the child was fretful and apparently hungry. The stools averaged seven to eight a day, and occasionally the child would vomit. This continued for two weeks, when the mother became worried at the progressive emaciation, and decided to call a physician. I first saw the case on July 16th.

Examination: Baby extremely emaciated; lies on cot without apparent strength to move; tongue fissured; cheeks sunken; abdomen tympanitic (slight); temperature, 102.2; weight, seven pounds; stools, ten to twelve daily, full of mucus and curds of undigested milk. I gave the mother a very unfavorable prognosis, but told her to secure a nurse for the baby and we would do all that was possible.

Treatment: Milk was stopped. Child fed on barley water and albumen water. I then ordered the nurse to wash out the colon twice daily through a catheter, with two quarts of a solution containing glycothymoline one part and water ten parts. By the mouth I gave one-twentieth of a grain.



July 17th.—Child in about the same condition, except that it had had only nine stools in twenty-four hours, and they were of a trifle better color, with less mucus and no curds. Continued irrigations, but stopped calomel. Continued with brandy.

July 18th.—Seven stools; quite watery, but of a much better color. Treatment continued until July 24th, at which time the child was much improved, having only three in a day and passing very little mucus. On this date I started the milk again, using a very dilute formula, with three ounces of milk from top of bottle, one ounce of lime water, one ounce of milk sugar, and fifteen ounces of boiled water. Continued irrigating with glyco-thymoline, one to eight ounces once a day, but stopped all other medicine. The baby started to thrive at once, and in two weeks more we again weighed the child and noted an increase of three pounds. I gradually increased the strength of his food until at the present time he is taking eight ounces of milk to eleven ounces of water and one ounce of lime water, which is almost the average for a child of his age (five and one-half months).

This is only one case of a number that I have treated with nearly the same routine this summer, and all with satisfactory results. I lay the success I have had to two factors: First, the immediate withdrawal of all milk, and, second, the continuous and copious irrigation. For this irrigation I have tried numerous solutions, but nothing to equal glyco-thymoline in a one-to-ten proportion. It appears to cleanse the inflamed colon better than anything else, and in nearly all cases of this nature I have had quick improvement in the character of the stools after its use.

In conclusion I would state that although in this case I did not give much treatment by mouth, because the symptoms seemed to point more to a lower bowel affection, yet in many cases where gastric symptoms have been more predominant I have combined with the irrigation treatment glyco-thymoline in fifteen to twenty m. doses, combined with liquor bismuth, as follows:

R.—Glyco-thymoline,  $\bar{3}$  ss; liquor bismuth,  $\bar{3}$  j; aqua, q. s.  $\bar{3}$  ij.  
M. Sig.— $\bar{3}$  j. every two or three hours.

This, in connection with rectal irrigation with glyco-thymoline in proportion indicated, will suffice in nearly all the cases of gastro-enteritis, entero-colitis and enteritis, so common in artificially fed infants.

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When the openings of the Bartholinian glands appear as two sharply defined red spots, an ante-dating inflammation may be diagnosed with certainty, and in a great majority of instances a latent gonorrhea is present.—*American Journal of Surgery.*

**INTRA-UTERINE MEDICATION.****By C. Woodward, M. D., Chicago, Ill.**

While treating Mrs. E. for cervical endometritis during July and August, 1903, her mother, who was forty years of age and quite plethoric, stated that she was frequently troubled with distressing attacks of palpitation of the heart. Their duration, together with the rapid action of the heart, caused such general hyperæmia of the system as to result occasionally in syncope. A thorough examination disclosed the heart free from organic disease, functional or any other abnormal action in the absence of the paroxysmal attacks. It was observed preceding menstruation, also subsequently, that her face exhibited a fine pustulous eruption. Many of these eruptions, and especially those periodically associated with menstruation, are frequently caused by intra-utero-toxæmia.

Considering the time when the eruption manifested itself, I became convinced that the abnormal action of her heart was due to intra-uterine irritation, resulting in reflex action. In order to determine the cause and remove it if possible, I suggested her taking a few local treatments, to which she consented. She had come prepared by taking a vaginal douche before leaving home. Such a preparation has deceived hundreds of physicians as to the exact condition of the uterus. The douche removes the exudations from the os and vaginal folds, and causes a determination of blood to the capillaries of these parts, presenting a pale, pinkish hue, or normal appearance.

Treatment: The cervix was dilated one-quarter of an inch, a small return douche inserted, and the decomposing irritant substances removed every third day for three weeks. During this time the uterus was swabbed immediately before cleansing at the second, fourth and sixth treatments. Since having her uterus cleansed out those few times in 1903 she has never experienced another attack.

The physiological functions of the uterus in normal conditions are: Painless menstruation, a receptacle for impregnation, participating with the ovaries in fecundation, a protector and developer of the ovum and an expulser of the foetus. Its functions are modified whenever it is in a pathological condition and manifested by painful menstruations, the secreting of abnormal exudations, hemorrhages, developing growths, the retention of decomposing substances, the absorption of septic material, inhibits conception and spontaneously participates in the early destruction and expulsion of the ovum.

Physicians will no longer quote and fear the false statement that "liquids pass through the fallopian tubes and cause colic" when they



learn through practice the resources of intra-uterine irrigation as outlined in my work on this subject, because it is a specific treatment for interrupting intra-uterine reflex actions and controlling all abnormal manifestations of the uterus, except cancer.

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### LEPRA.

By Floyd Clendenen, M. D., LaSalle, Ill.

Perhaps anything we may write on leprosy will be of little interest to a majority of practitioners throughout the interior of the country, for the reason that they, like the writer, did not expect to ever have a case of leprosy to treat until it came to us. We had practiced medicine a long time when our first case of the disease in question came to us for treatment. We saw at once that we were confronted with something unusual, and we diagnosed it by exclusion. The first thought was lupus cancer, but upon close examination we excluded that; but as we subsequently learned that it was the tuberculosa lepra, which may be easily mistaken for lupus, our familiarity with all kinds of cancer (having made a special study of cancer during many years) enabled us to decide that it was not cancer at all. Then syphilis was more easily disposed of. Finally, after a week's careful study, we were able to diagnose the case correctly, which was confirmed by the best writers on leprosy. More than twenty physicians saw the case, only one of whom had ever seen a case of leprosy. We reported the case to the State Board of Health, and two doctors (politicians) were sent to see the case, neither of whom had ever seen a case of leprosy before this; one of whom, however, was honest enough to say he could not name the disease, and had never seen a case of leprosy; the other called it syphilis; but we quickly presented him with the proof of his error in diagnosis. A child, then five months old when we were called to the case, had been born to this man who had leprosy, which had been running on two years when we first saw the case. Right here is one of the peculiarities of leprosy. Children have been born where one of the parents had leprosy, and the child showed no indications of the disease. Again, individuals have been known to go thirty years after exposure before the leprosy broke out on them. Nine years after exposure before it breaks out is quite usual in this disease. Eating salt fish, that had spoiled or had not been properly cured before drying, is supposed to be one cause of leprosy; also filthy, promiscuous cohabitation is believed to be a cause for the disease. Lepa anæsthetic, or nervous type, may appear with the tuberculosis form, so say most writers on this disease. Our treatment of leprosy has been satisfactory. We followed specific indication in the

treatment, but the cure has been slow, but steady. Improvement followed the use of echinacea, rhus tox, corydalis, iris vers, potassa iodide, and arsenic as indicated, together with baptisia, thuja, and other antiseptics externally. Mercurials do not appear to have any place in the treatment of lepra, so far as we were able to judge.

We have written our limited experience in this, another one of the so-called incurable diseases, for what it may be worth. We also find that other physicians have cured leprosy within the past few years by using their brains and ignoring the incurable ideas of those who followed the old methods without looking further, and treating conditions instead of the name of a disease. Here is another straw pointing to the truth of our theory of *no disease without its remedy*.

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### FACTS.

**By W. H. Russell, M. D., Ipswich, Mass.**

In the August number of THE JOURNAL, Dr. Floyd Clendennen writes: "It is surprising to read what some doctors write in our medical journals. When a doctor makes an assertion like the following, he must be laboring under a grave misapprehension of the facts, and if he gets sharply criticised, he must conclude he is getting what is justly due. One of these writers tells us that acetanilid is a very dangerous drug, and that its use has been abandoned even by the old-school physicians. Now, we — meaning Dr. Clendennen — have used acetanilid in our practice during the last fifteen years, and in no single instance have we observed any bad effects. True, we used the drug carefully where we thought it was indicated, just as all good Eclectics do."

Will Dr. Clendennen please inform us why he used the drug carefully and only in certain cases? This is an admission on his part that acetanilid is a dangerous drug to use in a certain class of cases, or under certain conditions. This emphasizes my statement, that the indiscriminate use of the drug has killed thousands.

He admits that he uses the drug only after mature deliberation, and that it should be used by men whose judgment — like his own — is infallible.

About this time I notice quite a number of editorials and articles in the cheaper class of medical journals, advocating the use of acetanilid. It is not surprising that the merits of any particular drug — not excepting acetanilid — should excite disagreement among the medical profession. Eclectics of my acquaintance have always fought shy of the coal-tar remedies, considering them to be extremely dangerous, even in small doses; and my old-school friends are using extreme caution in

presenting these remedies. There are few physicians who have not had some cases of collapse, and cyanosis came under their notice as a result of the use of some coal-tar preparation.

My own observation teaches me that acetanilid is a dangerous drug, and that the continued use of the same, in the form of headache powders, will cause weakness of the heart muscle, causing attacks of syncope, cyanosis, and in extreme cases death. My experience has been corroborated by Dr. Hiram Jacobs and other well known old-school authorities. Old-school physicians of my acquaintance do not prescribe one drachm of acetanilid to-day, where they ordered a pound of the same fifteen years ago in the same length of time.

Will Dr. Clendennen please give the readers of *THE JOURNAL* his method of treating cancer? He lays down as a law: "Do not cut a cancer." This is contrary to the practice of the leading surgeons of every school. It is my belief that cancer is a local manifestation of a constitutional disease. This view is taken by some of the leading surgeons. Cutting may prolong life, but will not cure. I refer to true cancer, not epitheliomas. If the good doctor has evolved a treatment which will cure cancer, it is his duty to humanity and to his brother physicians to publish his experience.

Many a good man and woman, also many children, are lying in their graves because of the employment of acetanilid as a medicine. These are facts, although Providence may have been obliged to submit to the accusation of having caused the deaths.

No man knows when it is safe to use acetanilid, or what should be the size of the dose. "Facts are stubborn things."

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### **SURGICAL SUGGESTIONS.**

If a peculiar looking mass is found at the inner side of the ring in the course of an operation for inguinal hernia, do not incise or dissect it before convincing yourself that it is not the bladder.

All cases of hernia in which there is a history of frequent urination should lead one to the suspicion that the hernial sac contains part of the bladder.

Lumbar puncture must not be performed in cases of tumor of the brain. Sudden death has frequently happened in such cases:

Do not be too hasty in resecting a strangulated loop of intestine. It is remarkable how frequently such loops become viable after long-continued applications of hot saline solution.—*American Journal of Surgery*.

**LLOYD LIBRARY ENDOWMENT.**

Distinct recognition of the worth of the Lloyd Library, a Cincinnati institution known the world over, comes unexpectedly from a high source in the scientific world. The tribute to the value of the library, which is the creation of Prof. John Uri Lloyd and his brother, Curtis G. Lloyd, is accompanied by a most substantial gift, that will not only increase the possibilities of the library, but make it the possessor of a rare collection, which any scientific library in the world would benefit by owning.

It has just been made public that in the will of the late Surgeon-General James Pattison Walker, of England, a clause gives to the Lloyd Library a fund of \$30,000, and, what is far more valuable than the cash bequest, the entire library owned by the distinguished surgeon and student-scientist. General Walker's collection of books and manuscripts is known to scientific men as one of the most valuable private collections.

Its worth can not be measured by money, for money could not purchase it or duplicate what was gathered in a long life of studious research. The gift, which has been made known to Professor Lloyd, is the more noteworthy because of the high reputation of the donor, who, like many other students, who, though never within thousands of miles of Cincinnati, knew of the Lloyd Library and its possibilities for usefulness. Like all things accomplishing great works, the Lloyd Library has hidden behind a wall of modesty its accomplishments, and in consequence comparatively few Cincinnatians are aware of the existence of an institution that carries the name of the city to all civilized parts of the globe.

The bequest from General Walker states the purpose of the \$30,000 fund which is to go to the Lloyd Library. The fund is bequeathed to Curtis G. Lloyd as trustee, and is to be used for the purpose of securing qualified experts to make original investigations and literary compilations in the direction of the practice of medicine and pharmacy.

Conspicuous in the work of investigation is to be a study of specific actions of medicines, the restrictions in this direction being that the work is to be confined to the clinical side of medicine, and not to the theoretical. The details of the provisional investigations are laid down in the will of the late Dr. Walker, and will be made public when the library is installed in its new home. A copy of the will has been received by Professor Lloyd.

Dr. Walker died in April at his home in Earlsmead, Clacton-on-the-Sea, in the county of Essex. He was a man of great character, and an able and distinguished scholar. He was eighty-six years old at his death, and for many years he was Surgeon-General of the Bengal army.

serving during the mutiny and in the numerous campaigns of the British army in India since that time.

During the whole of his service in India and until his death he devoted himself largely to literary work. He was an omnivorous reader, and amassed a large and valuable library. He kept voluminous notes on various subjects, which were arranged and indexed with remarkable care. He never engaged in any original research, but was an indefatigable compiler.

The Lloyd Library is a scientific collection, the only one of its kind in America, and embodies the outcome of the lives of its founders, John Uri Lloyd and Curtis Gates Lloyd. It is devoted to botany, pharmacy, materia medica, and allied sciences. The herbarium is very large, the micological department, or museum, containing more authentic specimens in the field it embodies than all other museums in the world combined. This library is incorporated, is free to the public, and is pledged to be devoted, intact, to science, although its final resting place, when the life-work of its builders is completed, has not yet been selected. To its shelves the scholars of the world now turn for information, and in its rooms the American scientists concerned in special studies now devote much of their time.

Here will be placed the magnificent library of the late Surgeon-General Walker, of England, who, without any previous correspondence concerning the subject of the bequest, has placed the result of his lifetime of labor, together with the endowment of \$30,000, to continue his work.—*Cincinnati Times-Star*, August 30, 1906.

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Typhoid in the San Francisco camps has been the predicted result of the careless ways of free-born American citizens, who have an hereditary contempt for authority of any sort, and of sanitary authority in particular. In the Spanish war this species of man asserted he would not be vaccinated, as he knew it was useless, and he would drink what he pleased, no matter what a ridiculous sanitarian might say. The undertakers took charge of very many of them then, and from well-founded rumors the undertakers are beginning to get busy in San Francisco. The daily papers ignore the matter from motives of pride, but returning visitors bring news of inexpressibly bad conditions, except in the camps held under a strict discipline. The average civilized man the world over acts the same way, and it is no special discredit to San Francisco; but there is no reason for concealment.—*Am. Medicine*.

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Flat-foot is another cause of pains in the leg or thigh.—*American Journal of Surgery*.

**Monthly Retrospect**  
—OF—  
**ECLECTIC MATERIA MEDICA AND THERAPEUTICS.**

BY HARVEY WICKES FELTER, M. D.

RUMEX ACETOSELLA.—On two occasions recently we have received inquiries concerning the virtues of rumex acetosella in states bordering on tissue degeneracy. It will be remembered that all of the sorrels were important remedies in the practice of the botanic, and early reformed physicians and their testimony as to their virtues can not be wholly ignored. That they might prove energetic agents is not for a moment to be questioned, for they contain one of the most active of the salts of oxalic acid, viz.: the binóxalate of potassium, the quantity of this compound varying with the season at which the plant is collected. Not infrequently poisoning has happened in children who have partaken too freely of the plants. Sheep sorrel was formerly much used in a cancer balsam, so-called. It was prepared from the plant in blossom by expressing the juice and allowing it to evaporate in the sun until it was of the consistence of honey. It was then applied on leather or cloth as a plaster. That this or any other paste does not cure cancer we are now reasonably certain. Dr. Scudder discussed this remedy in his specific medication, and referred the reader to an article he wrote for the *Eclectic Medical Journal* of 1870 (p. 142), wherein he says (although "cancer curers" were then on the rampage, and Eclecticism was burdened with her share of them): "It may be remarked, to commence with, that curing cancer in general is a humbug. I do not know that it is especially an Eclectic humbug, though we have had considerable to do with it. It is well, however, that we understand clearly that there is a certain stage of a cancerous disease which, when passed, renders the disease incurable. And that in some of the severer forms, as fungus hæmatodes, the disease is not curable at any stage. Whenever the system becomes infected, producing degeneration of blood and tissues, the patient will die of the disease sooner or later." The discussion giving rise to these remarks brought about a more intelligent estimate of the value of remedies. Rumex acetosella was one of these, and its fame as a remedy for cancer arose chiefly out of the fact that many local sores are often pronounced cancer by those whose experience was limited, and who obtained good results in simple sores from simple applications. Here rumex found its level. It was found to retard the progress of degeneracy of tissue, and this is as far as the remedy has ever been known to be of special value. There are possibilities yet for it. If it will retard the breaking down of tissue, be it in skin diseases, syphilis, tibial ulcers, or ulcerative conditions of the womb, it deserves a re-



study; but too much must not be expected of it. The requests that prompted these remarks were concerning its value and dosage in chronic endometritis of long standing, with pyo-salpinx and degeneracy of the tubes. We replied that it could be used in intra-uterine applications of the strength of fifty per cent. or less. Though there is nothing new in the foregoing, there is enough probability of rumex becoming a valuable remedy if properly studied. As it is, it is practically a forgotten remedy. A modern philosopher recently wrote: "The only things worth saying are those all men know, but which they have forgotten."

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ÆSCULUS IN HEMORRHOIDS.—In far-off France, De Veney (*Journal de médecine*, Paris, quoted in *Albright's Office Practitioner*) recommends the tincture of horse chestnut in all forms of hemorrhoids. We are somewhat perplexed to know whether or not the author has had access to Eclectic literature, for the matter is that familiar to Eclectic readers. It especially covers the uses of specific æsculus (buckeye) as now recorded in Eclectic treatises. If not based on the study of Eclectic literature, (if so based, no credit is given,) it is a remarkable confirmation of the therapeutic studies of our school. Of tincture of horse chestnut he writes: "Its first effect is to lessen the pain, which it does after a few doses, but if permanent results are to be accomplished, the remedy must be continued some time after the cessation of the pain. The dosage should be at least ten drops in a little water before the two principal meals of the day, but the dose should be regulated according to the intensity of the symptoms. When these are severe and accompanied by marked turgescence of the tumors, twenty to thirty drops may be given, lessened as the pain ameliorates. In cases with mucoid and dysenteric stools, blood and tenesmus, the drug should be given with equal parts of tincture of aloes or in connection with a pill of one-tenth of a grain of silver nitrate, taken night and morning. For patients with intestinal atony and constipation, an equal quantity of tincture of nux vomica should be given as an adjunct. The medicament may also be applied locally in an ointment, but its effects are not so marked when used thus as when given internally. Tincture of horse-chestnut is also useful in varices of the legs and in congestive disorders of the pelvis, such as inflammation of the neck of the bladder, prostatitis, proctitis, and uterine congestion."

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COPTIS TRIFOLIA.—Dr. J. M. French, of Milford, Mass. (*The Medical Council*), writes an excellent article on a remedy once prominent, but now largely forgotten. After describing the plant botanically and noting its early medical history, he records that two principles, berberine and coptine, the latter probably identical with hydrastine, are present,

and account for its therapeutic value. No tannin is found in it. All the writers on the drug up to Bigelow's time (1817) noted its value in aphthous ulcerations of the mouth in children. This was combated by Bigelow, who asserted: "Its reputation, however, in these cases is wholly unmerited, since it possesses no astringent or stimulating quality by which it can act upon the ulcerated spots, and when benefit has attended its use, it is doubtless to be ascribed to other articles possessing the above qualities, with which it is usually combined," and in this he has been followed by most medical writers to the present day."

Of this statement Dr. French pertinently says: "This is only another illustration of the oft-noted fact, that while medical theories and explanations of observed facts are as changeable as the winds, the facts themselves remain unchanged; and science at a later day furnishes satisfactory explanations of facts which were commonly accepted and acted upon long before their rationale was understood. In the light of recent studies of berberine, it would seem that the action of this agent would afford such an explanation of the reputed good effect of gold-thread in aphthous sore mouth. Jeancon recommends berberine as very useful in gastro-enteric catarrh, especially the condensing action of the substance upon the mucous tissue, as very valuable in ulceration of the mucous structures of the canal. Professor Jeancon finds berberine an efficient substitute for borax, boracic acid, and other so-called antiseptic substances, in suppurating ulcers and phagedena of mucous surfaces, and states that as an anti-suppurative it in no way yields to iodoform in efficacy. The properties thus recognized in berberine furnish a satisfactory explanation of the action of gold-thread in sore mouth, an action long ago recognized by the laity."

We can add our testimony to the value of *coptis*, for we have never failed to cure aphthæ in children or nursing sore mouth in adults with it, the mother in the last instance ceasing to nurse her child. For the purpose indicated it has no superior, nor will *hydrastis* and other berberine-bearing plants do the work as effectually, as we know from experience. It is one of the simple remedies, having but one or two uses, and those are decidedly specific. An infusion only should be used, not only locally, but internally, as these conditions depend more largely upon troubles in the gastro-intestinal tract than upon the locality of appearance, thus explaining the value of this simple bitter.

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DULCAMARA.—The class of plants of which *dulcamara* is a type contains an alkaloid — solanine — capable of important therapeutic possibilities. The power and usefulness of *belladonna* and its alkaloid are well known. That its associate plants of the same order should be



effective as remedies is not at all surprising. In Eclectic therapy, quite prominent virtues have been ascribed to *dulcamara* and *solanum carolinense*. We have long employed *dulcamara* for the relief of whooping cough, and with fair success; but not with the uniform and decided benefit that Dr. William P. Best, of Indianapolis, has derived from the juice of *solanum carolinense*. The latter remedy should be remembered against an epidemic of pertussis. That all the *solanaceæ* alleviate pain has long been therapeutic knowledge. In view of this, the definite conclusions of Genevil, (*Journal de médecine de Paris*, quoted in *New York Medical Journal*), who has investigated the physiological properties of one of the alkaloids, makes the following concerning the action of solanine of special interest: "His conclusions are: (1) Solanine is a poison to the motor end organs of the nerves of organic life. It narcotizes the medulla oblongata, the spinal cord, and the nerve trunks, causing paralysis of the terminations of both the sensory and motor nerves. This physiological action places solanine among the best of our analgesic agents. (2) Solanine may be prescribed without danger in a comparatively large dose. It does not produce the unfavorable results of either atropine or morphine. Given with ordinary care, it is harmless. It has no cumulative action. It should be used especially as a substitute for morphine. (3) Solanine does not cause congestion of the brain, even in the aged. The same should be the case in infants. (4) In all diseases where there is need of an agent to overcome excitement, spasm, or pain, solanine will doubtless be employed with the highest success."

Solanine is a feebly bitter crystalline alkaloid, soluble in 125 parts of boiling alcohol and 8,000 parts of water. It is particularly conspicuous in *dulcamara*, and is found also in other members of the genus *solanum*. The lesser plants of this family deserve a re-study. Among those for therapeutic study let us name bitter-sweet, horse-nettle, tomato, and potato plants. These should first be studied in their entirety, for Eclectics, as a rule, have found the safest and surest results to have been obtained from the whole plants or the natural combination of undivorced principles.

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**BOROSALICYLIC ACID.**—This name has been given to a combination of two acids, boric and salicylic, forming an antiseptic solution, preferred by Carcarro and Cesaris (*Journ. de médecine de Paris*, quoted in *New York Medical Journal*) over mercury bichloride for use in surgical work. It is said to be well adapted to antiseptic uses, is a microbicide, and is without toxic effects upon the human being. Six parts of salicylic acid and twelve parts of boric acid are added to one thousand parts of water. The boric acid is said to render the salicylic acid more soluble.

**Eye, Ear, Nose and Throat.**CONDUCTED BY **KENT O. FOLTZ, M. D.****KERATITIS.**

Under this heading all diseases of the cornea are included. A keratitis may be primary or secondary. It may be traumatic or idiopathic. In those cases where there is a solution of continuity of the corneal epithelium, either from a traumatism or any other cause, there will be pain, photophobia, excessive lacrimation, and often blepharospasm. Conjunctival injection in the immediate vicinity of the corneal lesion is practically always present, but if the morbid condition has been of several days' duration, and is at all extensive, the entire conjunctiva may be affected. In these cases the most marked congestion is at the sclero-corneal margin, gradually fading as it nears the palpebral junction. The blood vessels are movable, which differentiates from an iritis or iridocyclitis.

The pain is constant, and not materially increased at night nor by climatic changes, which is another diagnostic feature between a keratitis and an iritis. In keratitis, unless extensive, the iris is seldom affected, particularly if the lesion is near the center of the cornea, but iritic complications are not infrequent when the lesion is near the periphery of the corneal tissue.

In many cases of keratitis the lesion is in the corneal substance, back of Bowman's membrane, and no superficial lesion exists. In such cases the characteristic symptoms are absent, and unless the condition is recognized early, the resulting diminution of vision is permanent. Infiltration of pus may occur, and as a result the corneal tissue will always be more or less hazy. This condition usually results in a permanent opacity as a result of the distention of the substantia propria, allowing of more or less change in the homogeneous structure of the third layer of corneal tissue, so that the changes in nutrition results in the deposition of material, which is ordinarily foreign to this portion of the corneal tissue.

Each case presenting must be studied as an exceptional one in order to get the best results from treatment, and no hard and fast rule can be laid down for the method of treatment. Nosological diagnosis is of little importance, as the morbid condition must be antagonized by specific treatment. Unfortunately, the majority of specialists think that syphilis is the causative factor in these cases, and put the victim on anti-syphilitic treatment. The outcome is not pleasing to either patient or physician. A little care in diagnosis, not jumping at conclusions, would often result in benefit to the patient in fairly good visual acuity and praise for the doctor.

Whenever there is a tendency to pus formation, lime, either in the form of lime water or the sulphide, giving to saturation, will be beneficial. Jaborandi will often be indicated. When the tip of the tongue is pointed or sharp, papillæ elevated and motion affords relief, *rhus tox.* Bryonia is the remedy when quiet or freedom from motion relieves the pain. In rheumatic cases, *rhus*, *bryonia*, *cimicifuga*, the salicylates, or *rhamnus Californica*. It is essential that the bowels be kept regular in all these cases, and the indicated remedy should be used.

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### EXCESSIVE LACRYMATION.

Epiphora is a not uncommon complaint. It may be very slight, not worrying the patient excepting on close use of the eyes, or when out doors in a bright light or moderately strong wind. In some cases it only occurs during cold weather, when the more or less constant use of a handkerchief is required. In nearly all cases, however, relief is desired, and either the family physician or specialist is consulted.

In recent cases relief or cure is usually easy, but in chronic conditions some change in the conformation of the lids or of the tissue surrounding the puncta is liable to be encountered. The conjunctiva may be thickened as a result of the irritation, thus causing more or less eversion of the lids, with a corresponding displacement of the puncta, or the puncta may be partially closed as a result of a low type of inflammation from the same cause. In either case measures to restore to the normal the structures must be instituted.

In the majority of cases an examination of the nose will reveal a swollen inferior turbinate. This will often cause more or less pressure against the nasal opening of the drainage apparatus, and as a result of this pressure free exit of the lacrimal secretion will be impeded. At the temperature of the body this secretion soon undergoes decomposition, and while a true pus may not form, a muco-purulent material may, and often will, start a chronic inflammation of the mucous and sub-mucous tissue. This inflammatory action eventually causes more or less disturbance of the drainage apparatus, and an overflow of tears results.

Treatment for relieving this condition must be directed to the causative factor in order to be successful. If more attention were given to the nasal structures in cases of epiphora, there would be fewer operations and failures in curing the patients.

## ADJUSTMENT OF GLASSES.

The importance of the proper adjustment to the eyes and face of spectacles and eye-glasses is dwelt upon in books on this subject, and is conceded, in theory at least, by oculists and the best opticians; but as a matter of fact its practice is but too frequently honored in the breach rather than in the observance, even to-day.

How many oculists make a habit of testing the fit of the glasses furnished upon their prescriptions — especially as to the distance between the optical centers, and as to the proper tilting of reading glasses? Yet it is by carelessness on these points that the optician is apt to ruin the prescriber's reputation. Occasionally we find asthenopic symptoms due to improper centering of glasses, which, the patient assures us, have been accepted by the oculist as correctly made.

A patient once took a prescription by the writer to the wrong optician, who — as was common with him — disregarded the written instructions, and furnished glasses with too great distance between the optical centers. The patient further disregarded instructions and failed to report with the glasses; these gave so much discomfort that she went to another oculist, who gave identically the same prescription, and sent her to the original optician; this time she went where she was sent, and the glasses were made as ordered. The result was that the patient was convinced that the writer did not know his business.

The eyes of another patient were so sensitive to disturbances of the distance between the optical centers as to feel discomfort if the distance were increased by forcing the eye-glasses further upon the nose; yet these glasses were but  $\times 0.25$  spherical.

We have all been taught that the plane of the correcting lens when in use should be as nearly as possible perpendicular to the line of vision. Looking obliquely through a spherical glass has an effect equivalent to the addition of a cylinder. In 1877 Dr. Edward Jackson called attention to this, and gave a table showing that the spherocylindrical equivalent of 1 diopeter lens tilted  $45^\circ$  from perpendicular to the visual axis is 1.22 sph. ( ) 1.24 cyl. At less degrees of obliquity the astigmatism is less, but it is not uncommon to see reading glasses fitted vertically upon the face, as if to be used only for extreme distance; the line of sight, when reading through such a glass, is at least  $45^\circ$  from the principle-axis of the lens.

This malposition is fostered by the direction given the patient by the optician to "press the spring (of the eye-glasses) back to touch the brow" — the spring almost invariably being in, or in front of, the plane of the lens.

Even the best opticians are commonly at fault in this respect. One

way to rectify it is to reverse the spring, which is bent forward at its top in order to accommodate projecting brows. But more important is it for the manufacturers of clips to furnish some with the lens clamp and wings set at varying angles to the plane of the nose piece, so that the glasses will be tilted for reading, while the nose piece rests upon the nose in the same position as that of the distant vision glasses.

Spectacles do come tilted for near vision, but eye-glasses can now be made to fit the nose so much more exactly that they are superseding spectacles to an increasing extent. Neglect to adjust the temples to ears of unequal height leads to a drooping of the spectacles and troublesome hyperphoria.—*Hom. Eye, Ear and Throat Journal*.

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### Periscope.

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#### TREATMENT OF PUERPERAL INFECTIONS.

R. W. Holmes, of Chicago, in *The New York Medical Journal*, December 9th, 1905, on treatment of puerperal infections, says that sera, though correct theoretically, are of small use, and that surgical measures, except for the liberation of pus and special conditions, is of small avail, and that essentially hysterectomy is an unjustifiable operation for puerperal infection. His treatment and conclusions are as follows:

*Proper Treatment.*—Having thrown down many false gods, what is left for the physician to do? As I have already stated, puerperal infection is a self-limiting disease, so our measures should be directed toward supporting the patient, and adopting such procedures which in general allay the septic processes. In this order I would recommend a course which I have used successfully in my own work. This plan has absolutely no originality; it is a combination of the work of Schroeder, Bumm, Doederlein, Williams, Webster, and a host of others. Grant, if you please, that the case is in your own practice. You know that the secundines have completely come away; the woman, at the end of twenty-four to seventy-two hours, has a sharp rise of temperature, acceleration of pulse, possibly a chill. 1. Give the woman a full dose of some saline purge; give a full dose of ergot; repeat the ergot, combined with hydrastis, in medium-sized doses at regular intervals, in order to keep the uterus contracted. Watch the woman for further developments. 2. In the course of the next day or two, if the woman is not better, or is worse, then possibly an examination is indicated. As a preliminary measure, a culture should be taken from the lochia obtained from the uterine cavity. If a strong, putrid odor is present, we may be almost positive that a saprophytic infection exists; the possibility of retained putrid blood clots should be borne in mind. The finger, in

passing over the uterine wall, will discover these if present, and should gently remove them. Finally, a douche may be given to wash away the debris and such bacteria as may have been introduced by the examining fingers. *En passant*, Williams (*American Journal of Obstetrics*, September, 1899) had twenty-three cases of infection treated essentially after this plan, with a mortality of 4.35 per cent.; Kronig, almost the pioneer in rational treatment and investigation of puerperal infections, had fifty-six cases of streptococcic infection with 4 per cent. mortality, and in seventy-six cases, his total number of infections, he had only 8 per cent. mortality. In the report of the Committee on Anti-streptococcic Serum, it is stated that the French generally believe in the curette, and use it almost as a routine; their mortality was 18 per cent. in two hundred and two cases. In making the examination as above outlined, I would strongly demand these conditions: (a) The vulva must be thoroughly cleansed, which should at least include a close clipping of the vulvular hairs; (b) the vagina must be thoroughly scrubbed with soap, lysol solution, etc., so we may not carry the vagina lochia into the uterus. We must always remember that by the third day the lochia are essentially pus, their bacterial flora being normally of low virulency. In infections, the lochia are specially infectious. 3. After the examination it often is useful to place a small intra-uterine pack of plain sterile gauze, wrung out in a solution of formalin, twenty to forty drops to the pint, with perhaps its renewal the next day. Formaldehyde is slowly liberated, has a great penetrating power, and continuously acts as an exceedingly powerful germicide. 4. Continue the ergot and hydrastis; exhibit such drugs as have a known power of increasing leucocytosis, as nuclein, nuclein acid, and salt solution hypodermically or per rectum, especially if the emunctories are sluggish. The ice bag or hot applications to the abdomen deserve consideration. Unguentum Crede may be considered. If the woman is one seen in your daily rounds, or in consultation, then I believe it is good practice to proceed at once with the details suggested in 2, 3 and 4.

*Conclusion.*—1. Practically, the battle against puerperal infection is won by an adequate system of asepsis and antisepsis. True auto-infections very rarely arise, and usually are not of serious portent.

2. It is no more possible to operate aseptically without skilled assistants in obstetrics than in general surgery; to properly conduct an operative case requires a full quota of assistants.

3. Puerperal infection is not a specific disease. Diverse types of micro-organism may be the etiological factors, and any part of the parturient canal may be the seat of the infection.

4. To treat locally a thermal condition of the puerperium without



a clear, positive knowledge of the seat of infection should be characterized as an obstetric crime.

5. At the present time there is absolutely no method of adequately reaching the offending germ in the uterine sub-mucosa or muscularis. The curette can not discern the locality of the retained remnants of secundines; the finger alone can ascertain this; a placental forceps more easily, more certainly, and with infinitely greater safety, can remove them, under guidance of the finger.

6. It is a grave error to neglect digital revision of the uterus after any instrumentation for the purpose of cleaning the uterine cavity.

7. Nature, by supplying the reaction zone of Bumm, offers the surest safeguard to the woman; puerperal infections demand the same rest for the uterus as inflamed parts elsewhere require rest.

8. The danger of shreds in the uterus is greatly over-estimated as regards their role in infections.

9. Active operative measures endanger the life of the woman doubly or trebly to the extent the expectant plan does.

10. The use of saline purges, administration of ergot, hydrastis, etc., removes much of the danger or necessity for active therapy; in a day or two the danger is often past, for, like a baby, the lying-in woman is subject to evanescent febrile elevations.

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### SAN FRANCISCO.

The low sense of moral obligations in San Francisco is a fitting outcome of the carnival of immorality formerly centered in that wickedest city of the country. The medical profession is to suffer for the sins of the community, for it appears that all who helped in the hours of trial following the earthquake are to be paid — except the doctors. These gentlemen lost all their possessions, yet without hesitation devoted themselves to the relief of suffering instead of seeking remunerative employment, and now find themselves objects of charity while in the very act of being charitable. As there are on hand between four and six millions of cash, contributed for this very purpose of paying for the relief of suffering, it is difficult to find words to express a just estimate of the moral standard which refuses relief to these gentlemen. It is particularly unfortunate that this payment should be refused from funds donated for the purpose, when there is an actual outcry for the division of the money as "loot" among the population which has been the recipient of medical care, and has played the pauper ever since. — *Am Medicine*.

**RIDICULOUS RELIGIONS.**

The delusions of Dowie, of Chicago, were brought out in a recent court trial in Chicago, when Dowie himself was on the witness stand. There is no doubt that he is firmly convinced that he is Elijah. This false idea has stimulated him to use all the force of his naturally powerful, though perverted, mind to the propagation of his ridiculous religion. If he is not possessed of a delusion, then he perjured himself. In either case, it is a pitiful spectacle for the hundreds of thousands of silly dupes who have been gathered into his fold, and who have so freely parted with their property at his command. Insane men have originated religious cults time without number, and probably will do so in the future, but it does seem that modern publicity of the truth should counteract their efforts. It is really a reflection on our intelligence. Alienists have known of Dowie's condition a long time, and if a little more attention had been given to their opinions, many an emotional man might have been saved considerable loss and considerable public contempt.

The Christian Science temple, or tabernacle, or joss-house, or whatever it is called, in Boston has been finished, and some thousands of the million or more dupes of this particular form of mental unbalance made a pilgrimage to this modern Mecca of neurotics, to take part in its dedication. Mrs. Eddy has recently been called "The Lydia Pinkham of the soul," and like the real Lydia, she is invisible — not deigning to show herself to her devout followers. It is rumored that she is mortal, or at least that she is ashamed of the evidence she shows of age, but a little art should remedy that — particularly if she would show herself on a balcony at a safe distance from the eyes of her feminine admirers. Peter the Hermit, Mohammed the epileptic, John Alexander Dowie, Mrs. Eddy! — who will next give us the chance to prove that we have as little sense as our ancestors of a thousand years ago? — *American Medicine*.

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**ALYPIN A SUBSTITUTE FOR COCAINE.**

Jacobson (*Therapie und Hygiene des Auges*) relates his experience of three months with the use of alypin, the solution being of the same strength as cocaine. Anesthesia is complete in two minutes and lasts ten minutes. This drug does not dilate the pupil or affect accommodation, has no influence on the tension, and causes very slight transitory hyperemia. Instillation causes no sensation of burning or of dryness. Alypin is especially valuable for the removal of foreign bodies. No toxic effect has been observed from its use.



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## SEASONABLE REMEDIES.

The fall months are approaching, and with their advent we meet with catarrhal conditions of the respiratory tract. The sudden changes, or better, the wide range of temperature, induces congestion of the respiratory mucous membrane, and we have what we are pleased to call a cold. This certainly embraces a variety of conditions. It may be a coryza, a pharyngitis, tonsillitis, or a bronchitis; possibly pneumonia. The predominant feature in all, the first named, is a catarrhal inflammation of mucous membrane. Coryza is characterized by headache, congestion of conjunctiva and of nares; increased flow of tears and a watery secretion from nose; general malaise, soreness of eyeballs, slight fever and anorexia. Instead of the older names, coryza and influenza, it is more modern to indifferently classify many of these conditions as "grippe."

The treatment of coryza is simple, effective and direct. The small, frequent pulse and fever calls for sp. aconite. The watery eyes and nose, scalding tears, sp. rhus tox. Especially is this true when there is the sharp, frontal headache. Should there be pain above the right eye and sharp, pleuritic pains, sp. bryonia would be substituted for the rhus. A dry, harsh skin, with fever, sp. asclepias.

Accompanying this condition we may or may not have a pharyngitis, or sore throat. This early in the fall we have noted the unusual number of cases of pharyngitis. Usually there are no symptoms of coryza, the throat symptoms predominating. The symptoms are: languor, aching, slight fever, sore throat. The soft palate, pillars of the fauces and pharynx, are intensely congested, with but slight swelling of the tonsils. The parts are intensely red and covered with a catarrhal secretion, which is quite abundant. The remedies are: Sp. belladonna, called for by the congestion, plus sp. aconite for the fever. Should the tonsils or cer-

vical glands be enlarged, sp. phytolacca would be used in alternation with or in combination with the above remedies.

Tonsilitis, always quite prevalent in the fall and early spring, is so familiar as to need no extended notice. We have the follicular, catarrhal and phlegmonous forms to deal with. The treatment is plain and simple. The symptoms are plain, and the remedies, when selected in accordance, go direct to the spot. Those usually indicated are: Sp. aconite, belladonna, phytolacca, or acid solution of iron. The latter has been frequently called for by the deep red tongue and mucous membranes. The former seems devoid of any coating or fur. The frequency of this condition calls to my mind the writings of Prof. J. M. Scudder on the "Epidemic Remedy." The similarity of conditions or symptoms at a certain season have been frequently noted, hence the call for a special remedy. Last year it was chionanthus; this year it is the acids. The prevailing disease is pharyngitis. The most characteristic or peculiar feature, the intense redness of membranes and tongue; remedy, acids.

MUNDY.

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### MORE THAN TWO THOUSAND YEARS AGO.

There are some things in this world that have lived a long time. Trees are among the number. Trees are yet living whose shade protected man from the sun's rays, and whose leaves rustled in the breezes, more than two thousand years ago. They live to-day as witnesses to the persistence of vital force.

General James Grant Wilson (in *The Independent*) says: "Many of the most interesting British relics of ancient days are the oaks, the annals of which take us back to Saxon times. Some that are still living were centuries old in the days of Harold and his Norman conqueror, and many have been growing and gazed upon by Roman Caesar. Herne's oak, which the writer saw in Windsor Park before its fall in 1863; the Newland oak, mentioned in Domesday Book, and the still more gigantic oak at Lowthorpe, with a circumference of fifty-five feet. Then there is the Major oak, in Sherwood Forest, said to be fifteen hundred years old, under whose broad branches Robin Hood and his merry band held their revels, and the Winfarthing and Bentley oaks, believed to be equally ancient."

"There was a celebrated tree by Kentish Town, known as the Gospel oak, and another at Addlestone, beneath which Wicliffe preached and Queen Elizabeth dined. The Cowthorpe oak, near Wetherby, it is claimed, is more than sixteen hundred years old, and the largest in England, measuring seventy-eight feet in circumference. But this was exceeded in age by Domaray's oak in Devonshire, destroyed by a severe

storm in 1703, which enjoyed the distinction of having lived through twenty centuries." Think of it!

Another item concerning the age of living trees comes in a dispatch from London, as follows: "Dr. Edward Clapton has presented to the Museum of the Royal College of Surgeons two pieces of branch, some twigs, and a box of leaves and catkins from a plane tree in the island of Cos, under which Hippocrates is said to have taught twenty-three hundred years ago. According to the late Dean Farrar, both St. Paul and St. Luke probably rested in its shade."

Verily all things do not die young.

STEPHENS.

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### LIBRARIES.

"Why, Tommy," exclaimed the Sunday-school teacher, reproachfully, "you don't even seem to know what the Bible is."

"Oh, yes, I do," replied Tommy. "It's the thing you press autumn leaves in."

Poor Tommy; he simply exemplifies the knowledge of the majority of mankind. What value is placed on the countless works, written by men of experience, and which contain investigations of interest and benefit to the readers? The majority of readers simply "go through the book" in order to say they have read it, but as far as any advantage to themselves is concerned, they might just as well never have seen the work. Why is this?

What constitutes a library? Some buy books by the yard. Others by weight, as is evidenced by the publishers of some works, stating the number of pounds the books weigh. A minority purchase books for their intrinsic value, and benefit by their ownership, because they study them. These may not possess an extensive library, but the selection is good, the volumes read understandingly, and the ideas contained considered, not from the standpoint of authority, but from a conservative and discriminating point of view. This individual possesses a library, while the one who buys by the pound or yard simply is the owner of bound volumes, and the pages between the covers might as well be blanks, as covered with printing ink.

Such libraries are simply presses for the useless autumn leaves with which persons encumber themselves, forgetting that the present and future are to be considered in their vocation, not the musty past. It is true we can and do learn much from the past, or at least we should, but this is only accomplished by comparing the work of the past with that of the present, and not by pressing the ideas into places too often forgotten, and never again brought to light.

The alert buyer is after information, no matter whether the edition

is *de luxe* or not. It is not so much the outward appearance of the single volume or the series as the contents. It is the ideas, conclusions and work of the author that is valued, studied and considered, and accepted or rejected, according to the mentality and intelligence of the reader, that stamps him as a book-buyer.

Unfortunately too many physicians belong to the pound-and-yard buyer of libraries, consequently their bookcases contain either a non-descript array of titles, or practically nothing but their college textbooks and sample copies of medical journals. In either case the dust of time covers them, proclaiming in an unmistakable manner the fact that the volumes are not used, but that the egotism of the owner is sufficient for all his needs.

FOLTZ.

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### A FOOD IS A FOOD, AND A DRUG IS A DRUG.

I submit the above as an axiom. Although the very phraseology of it certifies to its axiomship, there are many doctors who, by their practice, if not in words, deny its truth. The feeling is that drugs merge into food, and *vice versa*. Of course if that is true, either the word "drug" or "food" is redundant. The difference between a food and a drug is this: A food is assimilable, and a drug is not. The notion that certain drugs are tissue foods is as old as medicine, and by force of heredity has become imbedded and fixed in the constitutions of men. Only a few can be reasoned out of this old fallacy, for only a very few doctors are accessible to logic; they are firmly anchored in orthodox conservatism. With them preterism is a greater force than reason. There is, perhaps, little hope for them in the present generation.

These men will triumphantly cite the fact that some foods, as asparagus, contain a diuretic principle; others, an aperient principle, etc. They know that acetate of potash, for instance, when ingested, is not assimilated, but does its office and is then eliminated. The drug element of asparagus does exactly the same, leaving the food elements to be assimilated. They do not grasp this very subtle(!) fact. The fact that they do not grasp it is illustrated in their practice. They go right on, to a man, treating a drug as a food. They actually assume that they can *directly* feed a tissue! Of course no greater fallacy ever found its way into a man's head, but to them it is sound therapy. Under this tissue-feeding impulsion they go confidently along giving anemics iron, neurasthenics phosphorus, and so on. The fact that these drugs in these conditions were never known to do an atom of good makes no difference, for *isn't this method classical?* The doctor that knows putty, knows that iron has been the crux of the ages on account of its non-

assimilability, but in spite of this he assumes that it is assimilable! *Knowing* that chemical iron is not a blood food, he *assumes* that it is! *Knowing* that the proximate cause of anemia is a wrong in the blood factory, he *assumes* that it is not that! As a fitting climax to this series of absurdities, when he approaches an anemic girl, he reasons this way — if he reasons at all: "I see that her system is incapable of taking up iron; therefore I will give her — *iron*"! When will doctors cease to be such damned fools along this line? *Can't* you see, doctor, that the tissue-food fallacy tears the doctor away from causal treatment and slashes him into bald symptom-whackery?

It must not be concluded from the foregoing that I deny that there are good iron preparations on the market. Many of them are excellent remedies, but they are that in *spite* of their iron content.

COOPER.

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### DIVERS SPIRITS.

Mankind seems loth to abandon its delusions. They are seldom dropped outright. As soon as increased knowledge renders longer indulgence impossible, the propaganda effect a rehabilitation. In a short time the old absurdity reappears, so disguised that it escapes recognition, and is received as a new revelation.

The primitive savage man deified all powers he did not comprehend, and ascribed to such demons influences for good or evil to himself. He could not consider phenomena in the abstract. All the agencies and forces of nature were personified. The mysteries of life and death especially occupied his thoughts and filled his imagination. As he watched a companion in the act of dying, the most conspicuous and striking feature of the change was the breath leaving the body. It was invisible, but not wholly impalpable. It was plain to see that it finally left, and did not again enter the body. With it departed all that animated or clothed the body with interest or importance. It was natural, therefore, that great significance was attached to the breath. Accordingly, we find that in the Latin language breath and spirit are derived from the same word, and to this day man is regarded as a compound of flesh and spirit, and the old mystery as to the nature or bond of union between them still baffles inquiry, and still occasions unlimited speculation, especially as to the degree of mutual dependence and independence. Beyond question, these are at the very center of human interest, and always have been. Nothing else conceivable would command the attention of all mankind as would even a slight addition to our knowledge on these fundamental questions. The acceptance of the dual theory is nearly universal. So many of the institutions and doctrines are based

upon it that it seems like disturbing the very foundations of society to call it in question. Whoever should do so would be regarded as a pestilent fellow, and be frowned upon. There is, however, little more to substantiate it than was afforded when the breath was first seen to leave the body, and could not be restored.

Equally vague ideas prevail as to the local habitation of spirits disembodied. Nothing more definite than the statement, which at least is allowed to stand undisputed, that "the spirit of man goeth upward"; so by common consent they are credited to the regions of the upper air. Any disposition to inquire too specifically is admonished that spiritual things are spiritually discerned. One with any realization of the infinitely possible, as opposed to astral limitations of our knowledge, would hardly be guilty of dogmatic assertions. Nor is it desirable that man should be limited to actual demonstrated facts. Most of the noblest work in the world is inspired not by absolutely correct and righteous ideals, but by the highest of which the race is at present capable — ideals which we may expect to see ere long abandoned and displaced by others more in accordance with absolute perfection and truth.

The dual theory of flesh and spirit, body and soul, has brought forth a noisome brood to keep the world in a stew. Witchcraft, sorcery, black arts, necromancy, divination, demonology, spiritism, voodooism, possession, diabolism, ghosts and hobgoblins by no means exhaust the list. Poets have in all times derived inspiration from the celestial hosts.

Milton tells us: "Millions of spiritual creatures walk the earth unseen, both when we wake and when we sleep." We hardly know whether to regard the statement as an actual fact or a poetic license. Demonic possession was very common in ancient times. Casting them out was the miracle Christ performed that the Jews found most difficult to explain away; they finally decided that it was because he himself was possessed by Beelzebub, the prince of the devils.

Hypnotism, as popularly understood, is little different. It is regarded as a sort of possession by a will stronger than the victim's, which controls and directs both thought and action.

Christian Science is the latest refinement of the idea of possession. The demon in this instance is error of belief, a wrong thought, and accordingly a host of healers have arisen, who by passes, incantations, and emphatic assertion cast out the devil of error, and the cure occurs straightway, just as of old.

There is nothing new under the sun.

CHURCH.



**ECLECTIC RESEARCH.**

'LLOYD LIBRARY, Cincinnati, O.:—We realize that you have always been exceedingly obliging in furnishing us with information and supplying missing numbers of serial publications. We desire to appeal to the readers of the Meyer Brothers Druggist to send you pharmaceutical books, periodicals, etc., in place of disposing of them through the usual channels for such material.

"To what extent are you prepared to furnish information on pharmaceutical subjects to our readers who are not in a position to visit your library in person? With best wishes we remain,

'Very truly, MYER BROTHERS DRUGGIST.'

As an exception to our rule, we present a fragment of a letter received from Prof. H. M. Whelpley, editor of Meyer Brothers' *Druggist*, of St. Louis. This text applies alike to many other letters of similar nature, and to many inquiries concerning similar problems. Our readers could probably have answered the question as regards the information in regard to pharmaceutical subjects. For these many years one of the practical purposes of the Lloyd Library has been that of answering questions on pharmaceutical and allied subjects asked by Eclectic physicians. Indeed, there have been days in which it seemed as though the larger part of our time was taken in research, or in dictating replies to such correspondents as needed information.

And this leads us to say that our opportunity to judge of the trend of thought is exceptional, and we believe is comprehensive. There has been an increasing interest, within the last few years, in the direction of subjects embraced in our Eclectic library. There seems to be an awakening of those interested in medicine generally that concerns the remedies and the therapy of the Eclectic school. Possibly we may not comprehend the subject in its fullest bearings, but it seems to us as though the tone of the correspondence indicates that one or two reasons are prominent, and unquestionably apparent.

Not many years ago the Regular school in medicine was wildly hopeful of the possibilities that lay in the direction of synthetic products, a few of which had taken a prominent part in the therapy of the Regular school. Some even of the Eclectic profession were affected seriously in that direction, believing that the coal-tar products were destined to supplant the established remedies that were the outcome of decades of experimental investigation. Rapidly these synthetics were elaborated under the touch of the chemist. Hundreds, yes, thousands of them were patented in America and abroad, but now, after the experience of these years of time, it is to be seen that, excepting a few heart depressants, which but indifferently take the place of established vegetable remedies, the materia medica has been but poorly enriched. Even

the most enthusiastic of those who hoped for the millennium in that direction are turning their thoughts back into established channels.

Then came the animal extracts, serums, toxins, and such. Here, too, earnest workers and thinkers were too often unwisely enthusiastic, and here, too, it is becoming apparent that the therapeutical field has been but touched, chiefly enriched in but one substance, anti-toxin. The good of it all is most thankfully received by one and all. The error of it all must be kindly covered in the oblivion that will come over enthusiastic error and the kindly forgetfulness, as with the Brown-Sequard elixir and the blue-glass craze.

The object of medicine is the cure of disease. No man asks a physician to his home to see his suffering sick ones, unless he believes that physician can help him. Nor does any man care about the theories the physician may have concerning the nature or the origin of the disease. It is the cure of the sick that concerns the sufferer's friends. This the physician is finding, and he is also discovering that the Eclectic physician is possessed of remedies, and even opportunities, in directions that others have neglected. The success of the Eclectic is an object lesson to many physicians of other schools. His remedies and his therapy are alike of interest. He is consulted more than a little, and thus refers, unconsciously, many questions to the library to which Professor Whelpley addresses his questions. If we are in a position to judge, and we believe that we can do so comprehensively, there never has been the interest in Eclectic remedies and an Eclectic therapy that now prevails, nor has there been the systematic move in the direction of Eclecticism by those who lie outside the field.

The Eclectic physician is now protected by the laws of the State. He has no fear of oppression or of persecution. He becomes careless in the direction of those things that made the fathers alert and aggressive. He holds in his possession a mighty wealth, inherited from the past. He treats disease intelligently, satisfactorily, and, in our opinion, each reader of this article can reflectively recall instances corroborative of the statements made therein.

LLOYD.

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## THE NATIONAL.

The latest information at hand shows that the Western Passenger Association has granted a rate of one fare for the round trip for the meeting of the National at Los Angeles in June, 1907. This makes the authorized round trip, first-class, going and coming by any route, from St. Louis \$57.50, and from Chicago \$62.50. In all probability the Central Passenger Association will make the same concession, which will



be in force as far east as Buffalo or Pittsburg. The round trip from Cincinnati would then be \$66.50.

When it is remembered that this is a flat rate, and that the railroads will advertise these rates in all of their circulars to the public, the concession granted to our Association is more apparent. Heretofore we have been compelled to be content with a rate of one and one-third fare on the certificate plan.

Every one who can possibly make arrangements to go to Los Angeles next June should begin laying their plans now. Try to induce several of your friends to accompany you. A special train can be secured without extra expense if one hundred or upward will go via St. Louis or Chicago.

The Eclectics of Southern and Central California are a very active and energetic set of men, and they assure us a hearty welcome. There is no one of us but what contemplates a California trip at some time, and this seems to be a golden opportunity, with a low rate and good company. Doctor, let me know if you are contemplating going, and I shall be glad to keep you informed of any future arrangements.

SCUDDER.

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### SEPARATE STATE BOARDS.

The American Institute of Homeopathy, at its recent annual meeting in Atlantic City, passed a strong resolution against a proposed new law in New York State establishing a mixed Board of Examiners.

The resolution urged the Homeopaths and Eclectics to make a stout fight to maintain their separate Boards in New York, Connecticut, Pennsylvania, Florida, Arkansas and Texas. This is in direct line of the recent work of Dr. Boskowitz and the Eclectics of New York State.

SCUDDER.

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### THE COLLEGE OPENING.

The sixty-second annual session of the Eclectic Medical Institute began Monday, September 17th, with a good enrollment of students. All of the new professors and instructors were in their places, and a satisfactory year's work is anticipated.

Students can still matriculate as late as Monday, October 15th, and secure credit for a session.

# IN SUMMER COMPLAINTS

===== THINK OF =====

# ALKARHEIN

## OF USE IN INDIGESTION

OF COURSE, IT WILL NOT CURE ALL CASES OF DYSPEPSIA, BUT  
IT WILL BE SURPRISING HOW USEFUL IT WILL PROVE IN SO  
MANY DERANGEMENTS OF THE GASTRO-INTESTINAL TRACT

### COMPOSITION—WITH PHYSIOLOGICAL ACTION

**RHUBARB**  
2½ Grains.

A superior laxative because it does not impair but improves the digestion—Is a tonic, also astringent.

**GOLDEN SEAL**  
1½ Grains

(With the acrid resin removed)—The great tonic and corrector of the mucous surfaces.

**POTASSIUM  
BICARBONATE**  
2½ Grains

Antacid. Increases Alkalinity of the blood and the oxidation and excretion of effete matters.

**PANCREATIN**  
1 Grain

Promotes intestinal digestion, converts starch into sugar and dextrose; proteids into peptones; emulsifies fats, digests the casein of milk.

**CEYLON  
CINNAMON**  
1½ Grains

Valuable in atonic conditions of the intestinal mucous membranes, with flatulence and diarrhea

Spirit of Peppermint and a minimum of Simple Elixir is a menstruum that will commend itself to physicians.

Think of Alkarhein in acid dyspepsias, flatulent colic, infantile colic, cholera infantum, cholera morbus, diarrhea and all abnormal acid conditions of the alimentary tract. Think of Alkarhein in these cases and prescribe it as thousands of physicians have been doing for many years with the confidence born of experience.

ORIGINAL WITH AND PREPARED BY

## The Wm. S. Merrell Chemical Company

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FOR DISCRIMINATING PHYSICIANS.

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## Fluid Extracts

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### The Highest Type of Fluid Medicines.

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**Because** in all such cases we use the green or fresh root, bark or plant, gathered especially for us in its prime—

**Because** the proper menstruum, containing sufficient alcohol to extract, preserve and hold in permanent solution all the active principles, is always selected to meet the peculiar requirements of each drug—

**Because** of their uniform strength, determined by assay and physiological tests, and positive therapeutic efficiency—

**Because** the following was not written of, and does not apply to, the Merrell Fluid Extracts :

"UNTRUSTWORTHY" ought to be written after the name of the fluid extracts of medical plants as usually found on our apothecaries' shelves. I have a habit of tasting, at a subsequent visit, of nearly all the medicines I prescribe, and I find there is a large number of the fluid extracts in many of the official and unofficial forms, prepared for our use by the pharmacists, which taste exactly alike. That taste is a peculiar stale, dirty, gritty one, often entirely wanting in the special aroma peculiar to each plant in the green state; and just here, I make no doubt, is the secret of the unworthiness of many of these "medicines." Instead of the fluid extract being made of the fresh or green herb, root or plant, it is too often made from a dried, more or less inert drug, from which the volatile, and often the active principle has perhaps wholly evaporated.—Dr. NORTON, Brooklyn, in Medical Record.

The Wm. S. Merrell Chemical Company will not hold themselves responsible for the identity of fluid extracts filled out from bulk stock or refilled containers on druggists' shelves—original packages are the only safeguard.

Physicians who have been disappointed in the use of any remedy are requested to specify "Merrell," and note the difference.

## The Wm. S. Merrell Chemical Company

HEADQUARTERS FOR HIGH-CLASS REMEDIES  
FOR DISCRIMINATING PHYSICIANS.

New York

CINCINNATI

San Francisco

# THE ECLECTIC NEWS

## A MONTHLY NEWSPAPER

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### BOOK NOTICES.

**Diseases of the Nose, Throat and Ear.** By Kent O. Foltz, M. D. Professor of Ophthalmology, Otology, Rhinology and Laryngology in the Eclectic Medical Institute. 117 illustrations. 12mo, 643 pages, cloth, \$3.50. The Scudder Brothers, Publishers, Cincinnati, Ohio.

This book is what Eclectics need, because it is an Eclectic work in its full meaning. The Eclectic supplied with this book need not consult works on this subject written by men of other schools (unless he so chooses), because the book is superbly complete, and contains information not to be obtained from any other treatise on the nose, throat and ear. Dr. Foltz has handled this special work not only from the standpoint of a specialist, but also and especially for the general practitioner. The book is complete not only because the anatomy, histology, pathology, etc., are discussed at length, and local treatments scientifically arranged, but also because internal treatment is clearly and exactly defined, and based upon the broad truths of specific medication. The association of a properly selected internal or constitutional treatment with proper local measures gives the practitioner much valuable aid. Local treatment alone will too often not accomplish such results as we wish and as are obtainable when local treatment *plus* internal treatment are exhibited, especially when the "internal" remedies are selected specifically. The employment of the single remedy for the alleviation of diseased conditions, and for definite results, has much to commend this manner of practice, and this is as much true of diseases of the upper air passages as it is of any other part of the human body. And since experience has proven that remedies administered internally are valuable adjuncts to local measures in the management of diseases of the nose, throat and ear, and Dr. Foltz in this new book tells exactly how and what agents to use, that fact should incite a desire to be the possessor of this work.

Treatment of the various conditions is not the only good thing in the book; the fact is the entire work teems with valuable information,

and so arranged as to be of special value to the practitioner, who so often is thrown upon his own resources, and has not the opinion and advice of a specialist at his elbow. J. S. NIEDERKORN, M. D.

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Carefully we have reviewed the work before us and are pleasantly surprised at the fullness of it. Nothing connected with the ear, nose or throat appears to be omitted, though, owing to its extensiveness, many subjects must of necessity be treated somewhat briefly, though none is so brief as to be obscure. That which strikes us most forcibly is the method of treatment. This is somewhat unique in text-books on these organs. We have often asked ourselves the question, if remedies given internally favorably influence an inflammation of the lungs, pleura, liver or kidneys, why not of the nose, throat or eye? Workers upon these specialties have proceeded upon the theory that they do not, hence all medication is local.

The author before us takes a different view, and we are especially pleased with the second and third clauses of his introduction, in which he states his ground clearly and emphatically. It is a wise and reasonable departure from the stereotyped plan of special works upon these subjects.

The work is well printed upon good paper, well bound, and is certainly a credit to both author and publishers. Personally we shall frequently use it as a reference book, as we do the author's work upon the eye, especially so when desiring therapeutic assistance.

WM. N. MUNDY, M. D.

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It should be a matter of pride to Eclectics to know that we have within our ranks men capable of writing such books as this last work of Prof. Foltz. Certainly no greater medical work has been put before the profession within the last decade. In this little review I can deal only in generals, because, first, I am not capable of criticising it in detail, and second, I have not the space to particularize. Just a few points: The anatomical descriptions are exceptionally thorough and complete, it is a pleasure to read them. They constitute a solid foundation for the splendid superstructure which the Professor has reared upon them. The book is exhaustive without being tedious; concise without being "bobtailed;" elegantly written without being stilted, and full without being plethoric. It is an epic of rigid facts and implacable science.

The most experienced physician needs this book for ready reference; the specialist needs it for refreshings, and the medical student must have it, for there is no other work he can substitute for it; it has no duplicate. To the student who is preparing himself for the eye,

# Drug Treatises on Specific Medicines

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FOR FORTY YEARS or more our house has aimed to evolve, and has striven to perfect, the most representative as well as the cleanest possible class of preparations in connection with plants. These are known as Specific Medicines. They specifically represent each drug minim to grain, as we have studied the qualities of the respective drugs.

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If you are not receiving these drug treatises, or if your set is not complete, please advise us, and we will send the complete set or such missing numbers as may be desired and will place your name on our mailing list for future issues. Our preparations are for sale in all jobbing drug stores of America, and are supplied at our Cincinnati prices by pharmacists generally.

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*Echafolta Cream* will hereafter be furnished in this very convenient form instead of the old style jars and cans.

The advantages of *Collapsible Tubes* are apparent. Always clean, convenient, for either the office or pocket, readily manipulated, air tight, they permit every grain of the contents to be used. There is no waste, no greasy dirt, no loss of volatile constituent. *They can be cheaply sent by mail*. At present we offer at the following prices:

COLLAPSIBLE TUBE.  
(Reduced Illustration.)

**ECHAFOLTA CREAM:**

Two-ounce, Tube, 25c.; by mail, 30c.

Four-ounce, Tube, 50c.; by mail, 60c.

**HOWE'S JUNIPER POMADE:**

Two-ounce Tube, 25c.; by mail, 30c.

Four-ounce Tube, 50c.; by mail, 60c.

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ear, nose and throat specialty, it is as indispensable as sunlight is to the world ; to the student who contemplates going into the general practice, it is scarcely less than indispensable for reasons too obvious to mention ; and to the experienced physician it will be a helpmate and a luxury. I heartily commend this very excellent work to the favor of all the medical world.

W. C. COOPER, M. D.

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**Carr's Pediatrics.** The Practice of Pediatrics by Eminent Authorities. Edited by W. I. Carr, M. D. Octavo, 1014 pages, with 199 engravings and 32 full-page plates in colors and monochrome. Cloth, \$6.00 net. Lea Brothers & Co., Philadelphia.

This volume on Pediatrics, which is of the series comprising the Practitioner's Library, is certainly a fine one, and contains the gist of the literature on the subject of which it treats.

It is a composite volume written by several well known English and American authors, each writing upon the special subject assigned to him. In the preface the editor states that the writers had first in mind the clinical picture of a disease ; second, the therapeutic measures which have resulted in the greatest success. The first object named we believe has been fully attained by the several writers in the book before us. That the second object has been attained in all instances we seriously doubt.

The work is divided into twelve sections, and these again subdivided into chapters.

Section I treats of Diseases and Injuries of the New-born.

Section II, Development, Growth, and Hygiene. This section and the one following it upon Infant Feeding, are particularly interesting. Both sections are full, and the subject matter presented contains the latest thoughts in their several departments. Infant feeding is given considerable space, as its importance certainly demands.

Section IV, Diseases of the Alimentary Tract, is also given much space, the author adopting a different nomenclature for certain of the diarrheal diseases. He objects to the belief that they are due solely to a milk infection, and is equally opposed to their subdivision upon an anatomical basis. He therefore uses the term "Acute Gastro-enteritic Infections," and places much stress upon the part played in these conditions by the "Shigs bacillus."

Section V, Diseases of Nutrition, contains chapters upon Rachitis, Scorbutus, and Marasmus.

Section VI, Infectious Diseases," is another section of particular interest, dealing as it does with the diseases to which children are so susceptible. The subject of Diphtheria is fully developed, but we can not fully coincide with the first statement in the treatment, that anti-



toxin is the only method with which to successfully combat the disease. Our own experience with antitoxin has not always been a happy one. The treatment of rheumatism, which is placed among the infectious diseases, is in our mind particularly bad. Firing a child with a Paque-  
lin cautery to allay the pain of rheumatism seems hardly necessary at the present time, when so many therapeutic measures to allay pain are offered to us. We can not pass by this section without calling attention to the illustrations. They are exceedingly fine, and we know of no work containing as many illustrations so true to nature as the ones used in this part of the work.

Section VII, Diseases of the Respiratory Tract," is fine so far as symptomatology, pathology and diagnosis are concerned. Here again we take issue with the treatment. Looking over the treatment of bronchitis, pneumonia and pleurisy, we find in each instance these words: "The child should be put to bed, and a calomel purge given to open the bowels." We have no objection to the first proposition. The second is exceedingly bad as a routine measure.

The succeeding five sections are devoted to Diseases of the Heart and Bloodvessels; Genito-urinary System; Blood, Lymphatic System and Glands; Nervous System and Skin.

The work is profusely illustrated throughout and the colored plates are very fine. We particularly call attention to those illustrating the varieties of stomatitis and those of diphtheria.

The book is tastefully bound, well printed on good paper with a clear type, and is altogether a fine addition to the literature of pediatrics.

W. N. M.

**Pioneers of Progress.** By T. A. Bland, author of "Farming as a Profession," "How to Get Well, and How to Keep Well," etc. Chicago: T. A. Bland & Co. Price, \$1.25.

It is a pleasure to review Dr. Bland's latest work, briefly as it must be done. It is a pleasure, because it is a pleasure to help one whose whole long life has been spent in helping others. If the book itself were without merit, it would justly deserve a good send-off for the sake of its talented and noble author. But the book has merit—merit in large quantities. I will not take space for details, but you buy the work and you will not be disappointed.

W. C. C.

We desire again to call attention to the book written by Dr. Charles Woodward on Intra-Uterine Medication. This book is certainly a most valuable one, but because the author was comparatively unknown, the sale of it has not been large. Without exception, those who have followed out the suggestions the doctor makes, have expressed themselves as surprised at results. The doctor has spent thirty years in experi-



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menting in this line of medication, which is an untried field to the rest of the profession. The measures should be in common use, because in many cases, especially during the menopause, results can be obtained which we may safely say are otherwise impossible.

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## COLLEGE AND SOCIETY NOTICES.

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### **Texas Eclectic Medical Association.**

The twenty-third annual meeting will be held at Fort Worth, October 9, 10, 1906. Headquarters, Metropolitan Hotel; meeting place, Red Men's Hall. The following are the officers, and they have arranged a most interesting program: President, Jason Tyson, jr, Santa Anna; 1st Vice President, C. A. Lanier, Fort Worth; 2d Vice President, R. B. Gates, Waco; Treasurer, M. E. Daniel, Honey Grove; Secretary, L. S. Downs, Galveston; Cor. Secretaries, E. B. Tucker, Platonina; P. A. Spain, Paris; J. P. Rice, Fredericksburg. Prof. Lloyd, of Cincinnati, expects to be present.

The State Medical Examining Board of Eclectic Physicians and Surgeons will meet October 8 and 9. For particulars address the Secretary of Board, L. S. Downs, M. D., Galveston, Texas.

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The Eclectic Medical Association of Washington held its sixteenth annual meeting at Seattle, on July 23d. An interesting program was rendered, and papers were read by the following: Drs. F. Brooks, G. G. Whitford, R. G. Chase, G. W. Ovemeyer, I. V. Cole, P. A. Noble, J. H. McDonald, and J. V. Steel.

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The third annual session of the South Dakota Eclectic Medical Society was held at Madison, June 27 and 28. The program was excellent, followed by a banquet and President's address. The following officers were elected: President, Dr. Sepey, of Gaddes; 1st Vice President, Dr. Collins, of Howard; 3d Vice President, Dr. Mac L. Colton, of Vermillion; Secretary, Dr. W. E. Daniels, of Madison.

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## PERSONALS.

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Dr. W. E. Bloyer, of Cincinnati, and Dr. W. T. Gemmill, of Forest, O have been spending their summer vacation in the forests of Canada, engaged in hunting and fishing.

Dr. S. B. Standlee announces that he has opened an office at 805 Lincoln avenue, Peoria, Ill., where he will devote his time to the general practice of medicine and surgery.

Dr. Henry C. Thatcher, who for fifteen years was one of the leading physicians of Youngstown, Ohio, died in that city September 2d, after a lingering illness. Dr. Thatcher was only 41 years of age, and received his early education at Denmark and Edison, subsequently graduating at the Eclectic Medical Institute in 1888. He was a prominent member of the I. O. O. F. and K. of P. and the Ohio State Eclectic Medical Association.

Dr. A. T. Rank, E. M. I. '08, is now nicely located at Carthage, Ind., and is doing well. Dr. Rank passed the Indiana Board with an average of over 90 per cent., and consequently will be on the honor roll in the next report of the Board.

Dr. John S. Rankin, E. M. I. '02, formerly of Toledo, O., has removed to Huntington, Oregon, where he is nicely located. He passed the Oregon State Board in July.

Dr. A. A. Dewey, E. M. I. '16, is now located at 511 West Wayne st., South Bend, Ind., and is House Physician at the Oliver Hotel.

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**His style and diction is quite original and we feel sure it will pay you to buy the book.**

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**The Chicago Medical Times**

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**California Medical Journal**

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## Original Communications.

### CHRONIC PERITONITIS.

By E. J. Farnum, M. D., Chicago, Ills.

There are few morbid conditions of more interest to the physician than chronic peritonitis. The difficulty of diagnosis is so great that the physician is often at a loss as to the true nature of the case, and many mistakes are made which are only corrected by making an exploratory laparotomy.

But little has been written on the disease, and that is scattered through medical periodicals, where authors present such varied opinions as to quite bewilder the reader, and lead to disappointment.

As far back as 1838 Wolff observed the frequency of what has been designated as common chronic peritonitis in children, having found over one hundred cases. The chief symptom in these cases was a copious abdominal effusion. It is likely, however, that other diseases, with ascites as a chief symptom, were included in this list. Still earlier Louis characterized a simple, or idiopathic chronic peritonitis, of insidious origin, running a slow course, with ascites, as a chief symptom, as a tuberculous peritonitis. Opinions vary as to the possibility of the existence of a simple chronic non-tubercular peritonitis. Vierardt, Bazansky and Pickarski have done much to establish such a belief, while Nothnagel, admitting the possibility of such a disease, refers to the experiments of Borchgrevink, who demonstrated the infectivity of the peritoneal exudation in these cases, thus proving the tubercular nature of the affection.

Using the term chronic peritonitis to cover the disease, leaving out any dispute as to the origin of individual cases, we find a wide range of reasonably demonstrated causes of the disease other than a tuberculous taint. Of these we may name malaria, syphilis, wounds, measles, alcoholism, rheumatism, scarlet fever, typhoid fever, scurvy, and car-

cinoma. While the system weakened by these constitutional diseases is liable to attacks of chronic peritonitis, there are other causes equally potent.

In chronic peritonitis an acute attack may be followed by the chronic form of the complaint, and we keep this fact in sight.

Chronic peritonitis may follow an acute attack of localized peritonitis. It is nearly always present after septic peritonitis. It may follow an attack of rheumatism where the serous surface of the peritoneum has been involved in the disease. It is often present after an attack of puerperal fever. It commonly exists following inflammatory conditions involving the tubes and ovaries. It commonly follows attacks of appendicitis, gall-stones, gastric ulcer, and inflammatory diseases of the intestinal canal. It is the condition that the physician has to contend with in many cases that have been through operative treatment for abdominal lesions. Here we are likely to have a protective local peritonitis, the peritoneum being thickened and adherent to adjacent surfaces. The omentum may be rolled upon itself and adherent, or it may be elongated and pendulous, or it may be contracted. The intestines may be adherent to each other, or held by adhesive bands to other structures. Peritonitis, with some of the above conditions, may follow a blow on the abdomen.

In those cases of chronic peritonitis where there are simple adhesions, the lesion may not be recognized except by a post-mortem examination. Irritation of the colon may be mistaken for it. It may be counted as a tubercular peritonitis when associated with a large, waxy liver and connective tissue adhesions. When the pylorus is dilated and feels to the touch like a mass of intestines matted together, the condition may be mistaken for chronic peritonitis. Pain in different parts of the abdominal cavity aid very little in the diagnosis. (*DeLafield.*)

In those cases where connective tissue and fluid are present, the condition may be distinguished with difficulty from tubercular peritonitis or carcinoma. The fluid may be separated by partitions, or there may be physical signs of a solid tumor with fluid, which proves to be the intestines matted together.

In those cases where there is diffusive thickening with fluid, but no adhesions, the condition may be distinguished with difficulty from tubercular peritonitis, multiple cancer, or cirrhosis of the liver. Where the capsule of the liver is involved in cirrhosis, we may have the gastric symptoms — the vomiting of blood peculiar to that affliction. (*Ibid.*)

In making the differential diagnosis between cancerous peritonitis and the tubercular variety, we find a low percentage of urea present in the former. There also occurs not unfrequently in carcinoma of the

peritoneum a distinct ridge extending across the abdomen, due to carcinomatous infiltration of the omentum. (*Thomson.*)

There is also present in cancerous peritonitis tenderness and enlargement of the post clavicular glands. (*Germain See.*)

In tubercular peritonitis the urea is not diminished, as in cancer. Redness about the umbilicus is a sign of tubercular peritonitis. It is difficult to distinguish between chronic peritonitis and cirrhosis of the liver where ascites is present, especially if there has been perihepatitis, but a history of the case will generally enable us to make a correct diagnosis. Where chronic peritonitis is due to syphilis, we have also the constitutional symptoms peculiar to this disease. **Tabes mesenterica** is always a tubercular affection.

We encounter many difficulties in the diagnosis of chronic peritonitis; a movable kidney may become fixed, adhesions may exist around tumors, or the intestines may be glued together; the respiration is not necessarily accelerated,—especially is this the case in pelvic peritonitis, perimetritis and pericystitis. There might be occasional vomiting from acute catarrh, but this might occur in renal or biliary colic; but vomiting is often absent in both acute and chronic peritonitis; constipation is present, but diarrhea is also met with. The horizontal position may be quite uncomfortable, but this is also the case in common colic from gas not absorbed nor expelled; but there is this difference, that the patient with chronic peritonitis is apt to be quiet, with the knees drawn up, while in colic the same position is assumed, but there is much tossing about. A tumid abdomen is a symptom of little value, as it may occur from many other causes, as child-bearing, hysteria, habitual constipation; and in a healthy infant the abdomen is always prominent. Nets of dilated veins on the surface of the abdomen is more frequent in peritonitis and hepatic afflictions than in other diseases. Palpation of the abdomen might reveal varied exudations as to size, shape and consistency, which might be organized material, thickened omentum, or intestines glued together. There might be adhesions between the intestines and the parietal peritoneum, which would cause a tympanitic sound on percussion, though there might be fluid in that location. In these cases the patient must be changed from one position to another in order to determine the presence of fluid. (*Jacobi.*)

Inflammation within the thorax may be transmitted through the diaphragm, or there may be disease of the lungs or heart, causing congestion of the peritoneum, either visceral or parietal, resulting in inflammation or effusion.

New formations in the abdominal cavity may act as foreign bodies and cause peritonitis, as ovarian tumors, sarcoma of the kidneys, swollen

pelvic glands associated with irritated inguinal and mesenteric glands. Hemorrhage into the peritoneum from scurvy or purpura may cause peritonitis. A floating kidney may set up an irritation and cause peritonitis. Psoas abscess and abscess of the acetabulum, and iliac muscles, inflammation of the vertebræ, and catarrh and inflammation of the female sexual organs may cause peritonitis. Intussusception in infants, or any inflammation of the abdominal organs, may cause peritonitis.

Most cases of chronic peritonitis follow acute attacks, as is demonstrated by post-mortem examinations.

Inflammation involving the vermiform appendix may result in chronic peritonitis. An inflammatory process beginning in the mucous membrane of the intestine may pass to the sub-mucous tissue and the muscular layer, causing edematous infiltration, paralysis, and constipation; thus any morbid process, even an intestinal catarrh, in a locality well supplied with an active blood and lymph circulation, may develop into an enteritis, with subsequent peritonitis. Both acute and chronic ulceration of the bowels may result in peritonitis. This may result even without perforation, giving rise to a local peritonitis. An ulcer in the stomach or bowels of many years' standing is apt to have back of it a local peritonitis. In these cases the peritoneal covering is thickened, circumscribed and distinct, and, in recent cases, soft, and accompanied by vascular injection. In old cases the original cell proliferation undergoes organization and hardening, and the thickened spot becomes grayish or whitish and hard. Having lost its elasticity, it is very apt to burst under moderate pressure, and thus set up a fatal peritonitis. In this way a typhoid ulceration may terminate in the death of the patient after the lapse of a dozen years. (*Jacobi.*)

Pain after a full meal points to adhesions of the stomach; three or four hours after eating to chronic colitis; pain from coughing to perihepatitis; pain near the end of micturition to pericystitis. Pain in varying degree is a very frequent symptom in chronic peritonitis. It varies with the degree of irritation or congestion present; extensive pelvic peritonitis might exist and pain only appear on coitus, micturition or defecation.

The anatomical causes of chronic peritonitis give rise to enteralgia, like that produced by other causes, producing stenosis and retarded movements of the intestines, and also twisting and adhesions, the function being seriously interfered with.

An attack of acute peritonitis may have occurred and been forgotten from lapse of time, and no sign of it remain but an occasional diarrhea or enteralgia, when a simple attack of acute inflammation may result in the death of the patient, an autopsy revealing many changes caused by the former inflammation. (*Jacobi.*)

Ordinarily chronic peritonitis has an insidious beginning and runs a chronic and protracted course, and is tubercular; but there is undoubtedly a non-tubercular variety where there is a fluid exudate, which also has an insidious onset and runs a slow course, and this without any other pathological lesion in any other part of the body. (*Nothnagel*.)

The causes of this form of peritonitis are obscure, but may mostly be traced to injuries directly involving the abdomen. We have chronic peritonitis in cases of nephritis and cirrhosis of the liver, but it is difficult to dissociate the lesions the one from the other. In any case of chronic peritonitis we may assume that a bacterial poison enters the peritoneum in a very attenuated form, and gives rise to a very chronic form of inflammation. This is the view of *Nothnagel*, and as it has been found that most of these cases occur in girls from the age of sixteen to twenty-one (*Borchgrevink*) who were previously healthy and without hereditary taint, the point of entrance may be through the sexual organs, which are liable to inflammation. But as these cases recover for the most part, the character of the poison causing the peritonitis can not be ascertained. The duration of the disease is from four weeks to four months.

On the affirmative in this controversy as to whether there is a form of peritonitis in which the symptoms correspond to the common or tubercular variety, and yet is non-tubercular, *Rolliston* calls attention to peritonitis associated with "iced liver." We may have in these cases, according to this authority, a form of chronic peritonitis which is non-tubercular and belongs to the common variety.

In that form of chronic peritonitis characterized by an exudate there may be masses of fibrin, and the fluid may be movable or encysted; or in protracted cases the peritoneum may be thickened, shiny, smooth and white, and it may be covered by small, hard nodules which are not tubercular.

The disease has no definite onset and is slow and insidious. The patient's attention is attracted to the abdomen by pain, or progressive enlargement, or both. The pain may only appear on pressure, or it may be spontaneous, and, as a rule, is moderate and quite insignificant, or may be absent. Usually the whole abdomen is painful, or some parts may be more painful than others. The fluid exudate gradually increases, and may be very considerable before it attracts the patient's notice. The fluid may be freely movable or encysted by fibrinous adhesions. There may be large masses of fibrin when the cause is traumatic, or when the fluid absorbs, thick masses of connective tissue may develop. In most cases there is no fever, in others a rise of two or three degrees. There is but little disorder of the digestive organs or the general health.

There is in this disease a tendency to spontaneous recovery, and treatment does but little good. (*Nothnagel.*)

[To be Continued]

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### **CALCAREA CARBONICA (*Calcareo Ostrearum*).**

**By Herbert T. Webster, M. D., Oakland, Cal.**

Homeopaths have often been ridiculed for their penchant for the use of outlandish animal substances as medicines. If we stop to think carefully, however, the conclusion must be reached that they have not been so very peculiar, after all; that they are entitled to no great credit, and are not deserving of ridicule, seeing that they merely made a loan from the methods of former times. Nowadays it is quite the fashion for our allopathic brethren to dote upon animal extracts as remedies of exceptional virtue; so the opprobrium, if any there were, has been lifted by revered authority.

The ancients — and those among the most enlightened peoples of their days — made a common practice of employing animal substances in their crude therapeutics; and with considerable success, who can deny? Organic substances need not belong purely to the vegetable kingdom in order to possess specific therapeutic power. Many animal substances contain rare medicinal properties, fully as potent as remedies of mineral and vegetable origin. This fact did not entirely escape the observation of that great advocate of specific medicine, Professor Scudder, for we find, in his work on "Specific Medication," favorable mention of the virus of the honey bee, and the web of the spider. *Calcareo ostrearum*, or, as it is commonly referred to by homeopaths, "*calcareo carbonica*," is as distinctly animal in its origin as *apis* or *tela*.

It is not unusual for writers outside the homeopathic school to confound this remedy with what they commonly know as carbonate of lime. This is not remarkable, seeing that the name would naturally lead to such a conclusion; but we might as well expect to derive the same therapeutic effect from the ashes of burnt lobelia that we do from the fresh plant, as to expect similar properties from homeopathic *calcareo carbonica* and ordinary carbonate of lime. *Calcareo ostrearum* is prepared from the middle layer of the oyster shell in its fresh state, and is an animalized preparation, representing properties due to organic growth, which would be destroyed if subjected to incineration. The soft white substance lying between the external and internal hard layers of the shell is triturated and prepared in dilutions and triturations for medicinal use, and is commonly labeled as *calcareo carbonica*, though it is evident that it represents something quite different from ordinary carbonate of lime.



Without a knowledge of these facts, Eclectics are very liable to scout the idea that *calcareo carbonica* can be a remedy of much importance — that it can possess any specific property worth mention not already familiar to their teachers of *materia medica*. It is lack of such knowledge and our obstinacy, which stand between us and the possession of means to succeed in the treatment of some forms of disease, and frequently puts us at-a disadvantage. We must know considerable more about this remedy than about ordinary carbonate of lime before we are “on.” We must know considerable more than the therapeutics of inorganic preparations of lime before we are thoroughly posted on the properties of *calcareo ostrearum*. We may just as reasonably expect to be posted on the properties of aconite, *pulsatilla*, *phytolacca*, and all other specific remedies we possess, by studying the medicinal properties contained in their ashes, as to expect to derive any definite knowledge of this agent by a study of ordinary carbonate of lime.

We can afford to give Hahnemann and his followers much credit for our knowledge of this remedy and of the uses they have made of it. They have afforded us an excellent initiation into its present use, and we may, by our own investigations, be able to add in the future to its value as a specific medicine. Provings do not afford us all that may be gained from a medicine. We seldom use a specific which has been tested by proving long before we find ourselves adding something to it. This one ought to be joined to our list. There is no reason why it should not. Because there exists a priority of use is no reason it should not be ours. This objection obtains, really, with the majority of our specifics; but that is no reason why they are not just what we want. Why not accumulate a few more? We possess none more positive, more needful, or more specific, than this.

*Calcareo ostrearum* possesses a specific affinity for mucous membranes. It is most applicable to affections of mucous membranes in strumous subjects, but it is also applicable to any subject presenting indications for it, whether strumous or not. It improves the vitality of relaxed mucous tissue with inflammatory action in the mucous glands, especially if that inflammation be of sub-acute character and attended by profuse secretion from the mucous follicles. Hypersecretion, however, is not essential to its application, when persistent irritation of sub-acute or chronic nature is present. After a cough has passed its acute stage, we have nothing which so commends itself to those who have become acquainted with it as this agent. Long-continued use is not essential to the obtaining of its beneficial effects. The answer is prompt and satisfactory within a few days, and often within a few hours.

Of course we must not neglect specific indications for other remedies



when these are pronounced, but where there is persistent pulmonary irritation with attendant cough, we may think of calcaria with confidence and profit in most instances. Especially is this the case where there is profuse expectoration and the cough is painless, with easy raising of the material. Profuse secretion, however, need not be a requisite. Chronic irritation, involving the mucous follicles, would be indication enough for its use. Old cases of capillary bronchitis furnish a splendid place for its administration, though here we may find it well to alternate minute doses of tartar emetic. It is particularly efficacious in persistent coughs in children and the aged.

If there is a remedy which will promptly arrest incipient catarrhal phthisis in a strumous child, this is the one. It will not cure tuberculosis, but it will go very near the dividing line. As a tonic to the pulmonary mucous membrane in convalescence from bronchitis, whooping cough, measles, and other conditions liable to be attended by strain upon the respiratory surface, nothing is more liable to produce happy results. Its influence is pervading, extending all over the respiratory surfaces, from the nares and their reflections to the limits of the pulmonary alveoli.

It is one of the best remedies we possess in post-nasal and pharyngeal catarrh, and it alternates well with specific laryngeal remedies in chronic laryngitis, to control profuse secretion. Its influence is always soothing where there is irritation, while it is also markedly restorative and tonic in its effect.

The intestinal mucous membrane also presents a good field for the exhibition of this remedy, though not one so generally favorable as the respiratory surface. Many cases of muco-enteritis, however, will find in this agent the proper curative influence. It is best applied in cases of strumous subjects, but is not to be overlooked in any stubborn catarrhal affection of the bowels. Chronic diarrhea will find one of its best remedies in calcaria carbonica. Of course this is not the remedy for ulceration of deep structures, nor even for any form of ulceration; but when the mucous follicles alone are involved, it may be counted on to afford satisfactory results. While it must not be rated as a cure-all in intestinal affections, we will occasionally have presented to us a stubborn case of catarrhal enteritis where this remedy will exactly fit. Such, at least, has been the experience of the writer.

Catarrhal conditions of the female generative organs are sometimes speedily benefited by this agent. Profuse menstruation, especially that in which the menses occur too frequently and are preceded and followed by much mucous secretion, will suggest its employment. Strumous sub-

jects, however, are always to be regarded as most appropriate for its application.

The mucous membrane of the biliary ducts seems also to come under the influence of this agent. At least some very reliable homeopathic authorities testify to its marked efficacy in relieving the pains of biliary colic. Among these is Hughes, who remarks:

"This is the great sphere [malnutrition] of the action of calcarea. But it has other uses, which seem independent of its power over assimilation. One of these is of a very curious kind; and, if I had not repeatedly seen it (and also felt it) myself, and had it vouched for by excellent observers like Drs. Dudgeon, Drury, and Bayes, could hardly have credited it. It is its power, when given in repeated doses of the thirtieth dilution, of relieving the pain attending the passage of biliary (Dr. Bayes says also of renal) calculi. It has for me quite superseded the need of chloroform, and even of the hot bath."

Homeopathic authorities offer numerous indications for the use of this remedy, but if we were to confine ourselves to them, we would seldom use it; for these indications do not often occur in every-day practice. They regard it as a remedy for faulty assimilation in poorly nourished subjects of strumous nature, and propose it especially in children presenting rhachitic symptoms, such as large head with open fontanelles, head-sweats in the evening, delayed dentition, faulty nutrition, etc. Tuberculous tendency, such as emaciation, pallor, enlargement of the cervical glands, and other manifestations of struma, is also regarded as a place for it. It is commended highly in strumous ophthalmia and enlargement of the thyroid. A child with evening head-sweats, however, is believed to be a special subject for it, whatever the disease may be called. This is one of their keynotes.

The knowledge possessed of the therapeutic action of this agent, so far as the writer is concerned, has been largely acquired through its tentative use. He believes that a slight introduction to those unacquainted with it, if it is afterward employed along the lines here suggested, will lead to its adoption as an every-day remedy. Especially will this be the case if the practitioner be engaged largely with chronic cases; though it is by no means to be neglected in acute practice. The third decimal trituration has been the form used, though homeopathic authors claim the best results from higher attenuations. The second decimal trituration may be procured at a homeopathic pharmacy and carried up one grade, or higher if desirable. Two or three grains of this every two or three hours, or three times a day in more chronic cases, will serve the required purpose.

While searching for reliable agents, it will stand us in hand to give this remedy respectful attention. It is by no means as inert as one might suppose from casual thought. Like many another remedy which possesses no powerful toxic or chemical action, it is a giant when it comes to therapeutic effect, if discriminatingly applied.

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### PHYSIOLOGICAL ACTIONS OF THE HEART.\*

By H. D. Todd, M. D., Akron, O.

By placing a strict literal interpretation on the above caption, the writer has limited himself to a resume of the actions of the normal heart. The text of the article is necessarily a compilation.

The heart is a valvular pump, which works on mechanical principles, but the motive power of which is supplied by the contraction of its muscular fibers. Its action, consequently, presents problems which are partly mechanical and partly vital. Regarded as a pump, its effects are determined by the frequency of the beats, by the force of each beat, by the character of each beat,—whether, for instance, slow and lingering, or sudden and sharp,—and by the quantity of fluid ejected at each beat. Hence, with a given frequency, force, and character of beat, and a given quantity ejected at each beat, the problems which have to be dealt with are for the most part mechanical. The vital problems are chiefly connected with the causes which determine the frequency, force, and character of the beat. The quantity ejected at each beat is governed more by the state of the rest of the body than by that of the heart itself.

*The Visible Movements.*—When the chest of a mammal is opened and artificial respiration kept up, the heart may be watched beating. Owing to the removal of the chest wall, what is seen is not absolutely identical with what takes place within the intact chest, but the main events are the same in both cases. A complete beat of the whole heart, or cardiac cycle, may be observed to take place as follows:

The great veins, inferior and superior venæ cavæ, and pulmonary veins are seen, while full of blood, to contract in the neighborhood of the heart; the contraction runs in a peristaltic wave toward the auricles, increasing in intensity as it goes. Arrived at the auricles, which are then full of blood, the wave suddenly spreads, at a rate too rapid to be fairly judged by the eye, over the whole of those organs, which accordingly contract with a sudden, sharp systole. In the systole, the walls of the auricles press toward the auriculo-ventricular orifices, and the auricular appendages are drawn inward, becoming smaller and paler. During the auricular systole, the ventricles may be seen to become turgid.

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\* Read before the North-eastern Ohio Eclectic Medical Association.

Then follows, as it were immediately, the ventricular systole, during which the ventricles become more conical. Held between the fingers, they are felt to become tense and hard. As the systole progresses, the aorta and pulmonary arteries expand and elongate, the apex is tilted slightly upward, and the heart twists somewhat on its long axis, moving from the left and behind toward the front and right, so that more of the left ventricle becomes displayed. As the systole gives way to the succeeding diastole, the ventricles resume their previous form and position, the aorta and pulmonary artery shrink and shorten, the heart turns back toward the left, and thus the cycle is completed.

In the normal beat, the two ventricles are perfectly synchronous in action; they contract at the same time and relax at the same time, and the two auricles are similarly synchronous in action. It has been maintained, however, that the synchronism may at times not be perfect.

Before we attempt to study in detail the several parts of this complicated series of events, it will be convenient to take a rapid survey of what is taking place within the heart during such a cycle.

*The Cardiac Cycle.*—We may take as the end of the cycle the moment at which the ventricles, having emptied their contents, have relaxed and returned to the diastolic, or resting position and form. At this moment the blood is flowing freely with a fair rapidity, but, as we have seen, at a very low pressure, through the venæ cavæ into the right auricle (we may confine ourselves at first to the right side), and since there is now nothing to keep the tricuspid valve shut, some of this blood probably finds its way into the ventricle also. This goes on for some little time, and then comes the sharp, short systole of the auricle, which, since it begins as a wave of contraction, running forward along the ends of the venæ cavæ, drives the blood, not backward into the veins, but forward into the ventricle; this end is further secured by the fact that the systole has behind it on the venous side the pressure of the blood in the veins, increasing, as we have seen, backward toward the capillaries, and before it the relatively empty cavity of the ventricle, in which the pressure is at first very low. By the complete contraction of the auricular walls, the complete, or nearly complete, emptying of the cavity is insured. No valves are present in the mouth of the superior vena cava, for they are not needed; and the imperfect eustachian valve at the mouth of the inferior vena cava can not be of any great use in the adult, though in its more developed state in the foetus it had an important function in directing the blood of the inferior vena cava through the foramen ovale into the left auricle. The valves in the coronary vein are, however, probably of some use in preventing a reflux into that vessel.

As the blood is being driven by the auricular systole into the ventricle, a reflux current is probably set up, by which the blood, passing along the sides of the ventricle, gets between them and the flaps of the tricupsid valve, and so tends to float these up. It is further probable that the same reflux current, continuing somewhat later than the flow into the ventricle, is sufficient to bring the flaps into apposition, without any regurgitation into the auricle, at the close of the auricular systole, before the ventricular systole has begun. According to some authors, however, the closure of the valve is effected, at the very beginning of the ventricular systole, by the contraction of the papillary muscles; the chordæ tendineæ of a papillary muscle are attached to the adjacent edges of two flaps, so that the shortening of the muscle tends to bring these edges into apposition.

The auricular systole is, as we have said, immediately followed by that of the ventricle. Whether the contraction of the ventricular walls (which, as we shall see, is a simple though prolonged contraction, and not a tetanus) begins at one point and swiftly travels over the rest of the fibers, or begins all over the ventricle at once, is a question not at present definitely settled; but in any case the walls exert on the contents a pressure which is soon brought to bear on the whole contents, and very rapidly rises to a maximum. The only effect of this increasing intra-ventricular pressure upon the valve is to render the valve more and more tense, and in consequence more secure, the chordæ tendinæ (the slackening of which through the change of form of the ventricle is probably obviated by a regulative contraction of the papillary muscles) at the same time preventing the valve from being inverted, or even bulging largely into the auricle, and, indeed, according to some observers, keeping the valvular sheet actually convex to the ventricular cavity, by which means the complete emptying of the ventricle is more fully effected. The connection, to which we have just referred, of the chordæ of the same papillary muscle with the adjacent edges of two flaps also assists in keeping the flaps in more complete apposition. Moreover, the extreme borders of the valves, outside the attachments of the chordæ, are excessively thin, so that when the valve is closed, these thin portions are pressed flat together back to back; hence, while the tougher central parts of the valves bear the force of the ventricular systole, the opposed thin membranous edges, pressed together by the blood, more completely secure the closure of the orifice.

At the commencement of the ventricular systole the semi-lunar valves of the pulmonary artery are closed, and are kept closed by the high pressure of the blood in the artery. As, however, the ventricle continues to press with greater and greater force on its contents, making

the ventricle hard and tense to the touch, the pressure within the ventricle becomes greater than that in the pulmonary artery, and this greater pressure forces open the semi-lunar valves and allows the escape of the contents into the artery. The ventricular systole may be seen and felt in the exposed heart to be of some duration; it is strong enough and long enough to empty the ventricle completely; indeed, as we shall see, it probably lasts longer than the discharge of blood, so that there is a brief period during which the ventricle is empty, but yet contracted.

During the ventricular systole the semi-lunar valves are pressed outward toward, but not close to, the arterial walls, reflux currents probably keeping them in an intermediate position, so that their orifice forms an equilateral triangle with curved sides; they thus offer little obstacle to the escape of blood from the cavity of the ventricle. The ventricle, as we have seen, propels the blood with great force and rapidity into the pulmonary artery, and the whole contents are speedily ejected. Now, when a force which is driving a fluid with great rapidity along a closed channel suddenly ceases to act, the fluid, by its momentum, continues to move onward after the force has ceased; in consequence of this a negative pressure makes its appearance in the rear of the fluid, and, sucking the fluid back again, sets up a reflux current. So when the last portions of blood leave the ventricle, a negative pressure makes its appearance behind them, and leads to a reflux current from the artery toward the ventricle. This alone would be sufficient to bring the valves together; and, in the opinion of some, is the real cause of the closure of the valves; others, however, as we shall see later on, maintain that subsequent to this reflux due to mere negative pressure, a somewhat later reflux, in which the elastic reaction of the arterial walls is concerned, more completely fills and renders tense the pockets, causing their free margins to come into close and firm contact, and thus entirely blocks the way. The corpora arantii meet in the center, and the thin membranous festoons, or lunulæ, are brought into exact apposition. As in the tricupsid valves, so here; while the pressure of the blood is borne by the tougher bodies of the several valves, each two thin adjacent lunulæ, pressed together by the blood acting on both sides of them, are kept in complete contact, without any strain being put upon them; in this way the orifice is closed in a most efficient manner.

The ventricular systole now passes off, the muscular walls relax, the ventricle returns to its previous form and position, and the cycle is once more ended.

What thus takes place in the right side, takes place in the left side also. There is the same sudden, sharp auricular systole, beginning at the roots of the pulmonary veins, the same systole of the ventricle, but,



as we shall see, one much more powerful and exerting much more force; the mitral valve with its two flaps acts exactly like the tricupsid valve, and the action of the semi-lunar valves of the aorta simply repeats that of the valves of the pulmonary artery.

We may now proceed to study some of the cardiac events in detail.

*The Change of Form.*—The exact determination of the changes in form and position of the heart, especially of the ventricles, during a cardiac cycle is attended with difficulties.

The ventricles, for instance, are continually changing their form; they change while their cavities are being filled from the auricles; they change while the contraction of their walls is getting up the pressure on their contents; they change while under the influence of that pressure, their contents being discharged into the arteries, and they change when, their cavities having been emptied, their muscular walls relax.

We may take it for granted that the internal cavities are obliterated by the systole, for it is probable that practically the whole contents are driven out at each stroke, and probably, also, each cavity is emptied from its apex toward the mouth of the artery.

With regard to changes in external form, there seems no doubt that the side-to-side diameter is much lessened. It seems also clear that the front-to-back diameter is greater during the whole time of the systole than during the diastole, the increase taking place during the first part of the systole.

As to the behavior of the long diameter from base to apex, observers are not agreed. Some maintain that it is shortened, and others that it is practically unchanged. If any shortening does take place, it must be largely compensated by the elongation of the great vessels, which, as stated above, may be seen in an inspection of the beating heart. For there is evidence that the apex, though, as we have seen, it is during the systole somewhat twisted round and at the same time brought closer to the chest wall, does not change its position up or down — *i. e.*, in the long axis of the body. If in a rabbit or dog a needle be thrust through the chest wall so that its point plunges into the apex of the heart, though the needle quivers, its head moves neither up nor down, as it would do if its point in the apex moved down or up.

Broadly speaking, then, during systole the ventricles undergo a diminution of total volume equal to the volume of contents discharged into the great vessels, (for the walls themselves, like all muscular structures, retain their volume during contraction, save for changes which may take place in the quantity of blood contained in their blood vessels, or of lymph in the intermuscular spaces,) while they undergo a change of form which may be described as that from a roughly hemispherical

figure with an irregularly elliptical section to a more regular cone with a circular base.

*Cardiac Impulse.*—If the hand be placed on the chest, a shock or impulse will be felt at each beat, and on examination this impulse, "cardiac impulse," will be found to be synchronous with the systole of the ventricle. In man, the cardiac impulse may be most distinctly felt in the fifth costal interspace, about an inch below and a little to the median side of the left nipple. In an animal the same impulse may also be felt in another way, viz., by making an incision through the diaphragm from the abdomen, and placing the finger between the chest-wall and the apex. It then can be distinctly recognized as the result of the hardening of the ventricle during the systole. And the impulse which is felt on the outside of the chest is chiefly the effect of the same hardening of the stationary portion of the ventricle in contact with the chest-wall, transmitted through the chest-wall to the finger. In its flaccid state, during diastole, the apex is (in a standing position, at least) at this point in contact with the chest-wall, lying between it and the tolerably resistant diaphragm. During the systole, while being brought even closer to the chest-wall by the tilting of the ventricle and by the movement to the front and to the right, of which we have already spoken, it suddenly grows tense and hard. The ventricles, in executing their systole, have to contract against resistance. They have to produce within their cavities pressures greater than those in the aorta and pulmonary arteries, respectively. This is, in fact, the object of the systole. Hence, during the swift systole, the ventricular portion of the heart becomes suddenly tense, somewhat in the same way as a bladder full of fluid would become tense and hard when forcibly squeezed. The sudden pressure exerted by the ventricle thus becomes suddenly tense and hard, aided by the closer contact of the apex with the chest-wall (which, however, by itself without the hardening of contraction would be insufficient to produce the effect), gives an impulse or shock both to the chest-wall and to the diaphragm, which may be felt readily both on the chest-wall and also through the diaphragm, when the abdomen is opened and the finger inserted.

*The Sounds of the Heart.*—When the ear is applied to the chest, either directly or by means of a stethoscope, two sounds are heard, the first a comparatively long, dull, booming sound, the second a short, sharp, sudden one. Between the first and second sounds the interval of time is very short — too short to be measurable — but between the second and the succeeding first sound there is a distinct pause. The sounds have been likened to the pronunciation of the syllables lubb dup, so that the cardiac cycle, as far as the sounds are concerned, might be represented by lubb, dup, pause.



*The second sound*, which is short and sharp, presents no difficulties. It is coincident in point of time with the closure of the semilunar valves, and is heard to the best advantage over the second right costal cartilage close to its junction with the sternum — *i. e.*, at the point where the aortic arch comes nearest to the surface, and to which sounds generated at the aortic orifice would be best conducted. Its characters are such as would belong to a sound generated by membranes like the semilunar valves being suddenly made tense, and so thrown into vibrations.

*The first sound*, longer, duller, and of a more “booming” character than the second, heard with greatest distinctness at the spot where the cardiac impulse is felt, presents many difficulties in the way of a complete explanation. It is heard distinctly when the chest-walls are removed. The cardiac impulse, therefore, can have little or nothing to do with it. In point of time it is coincident with the systole of the ventricles, and may be heard to the greatest advantage at the spot of the cardiac impulse — that is to say, at the place where the ventricles come nearest to the surface, and to which sounds generated in the ventricle would be best conducted.

It is more closely coincident with the closure and consequent vibrations of the auriculo-ventricular valves than with the entire systole; for, on the one hand, it dies away before the second sound begins, whereas, as we shall see, the actual systole lasts up to, if not beyond, the closure of the semilunar valves; and, on the other hand, the auriculo-ventricular valve ceases to be tense and to vibrate as soon as the contents of the ventricle are driven out. This suggests that the sound is caused by the sudden tension of the auriculo-ventricular valves, and this view is supported by the facts that the sound is obscured, altered, or replaced by murmurs when the tricuspid or mitral valves are diseased, and that the sound is also altered, or, according to some observers, wholly done away with, when blood is prevented from entering the ventricles by ligature of the vena cava. On the other hand, the sound has not that sharp character which one would expect in a sound generated by the vibration of membranes such as the valves in question, but in its booming qualities rather suggests a muscular sound. Further, according to some observers, the sound, though somewhat modified, may still be heard when the large veins are clamped so that no blood enters the ventricle, and, indeed, may be recognized in the few beats given by a mammalian ventricle rapidly cut out of the living body by an incision carried below the auriculo-ventricular ring. Hence the view has been adopted that this first sound is a muscular sound. In discussing the muscular sound of skeletal muscle we saw reasons to distrust the view that this sound was generated by the repeated indi-

vidual simple contractions which made up the tetanus, and hence correspond in tone to the number of those simple contractions repeated in a second, and to adopt the view that the sound was really due to a repetition of unequal tensions occurring in a muscle during the contraction, a prolonged simple contraction, not a tetanus, and therefore under the old view of the nature of a muscular sound, could not produce such a sound; but, accepting the other view, and reflecting how complex must be the course of the systolic wave of contraction over the twisted fibres of the ventricle, we shall not find great difficulty in supposing that that wave is capable in its progress of producing such repetitions of unequal tensions as might give rise to a "muscular sound," and consequently in regarding the first sound as mainly so caused. Accepting such a view of the origin of the sound, we should expect to find the tension of the muscular fibres, and so the nature of sound dependent on the quantity of fluid present in the ventricular cavities, and hence modified by ligature of the great veins, and still more by the total removal of the auricles with the auriculo-ventricular valves. We may add that we should expect to find it modified by the escape of blood from the ventricles into the arteries during the systole itself, and might regard this as explaining why it dies away before the ventricle has ceased to contract.

Moreover, seeing that the auriculo-ventricular valves must be thrown into sudden tension at the onset of the ventricular systole, which, as we have seen, is developed with considerable rapidity, not far removed at all events from the rapidity with which the semilunar valves are closed, a rapidity, therefore, capable of giving rise to vibrations of the valves adequate to produce a sound, it is difficult to escape the conclusion that the closure of these valves must also generate a sound, which in a normally beating heart is mingled in some way with the sound of muscular origin, although the ear can not detect the mixture.

If we accept this view, that the sound is of double origin, partly "muscular," partly "valvular," both causes being dependent on the tension of the ventricular cavities, we can perhaps more easily understand how it is that the normal first sound is at times so largely, indeed we may say so completely, altered and obscured in diseases of the auriculo-ventricular valves.

Since the left ventricle forms the entire left apex of the heart, the murmurs or other changes of the first sound heard most distinctly at the spot of cardiac impulse belong to the mitral valve of the left ventricle. Murmurs generated in the tricuspid valve of the right ventricle are heard more distinctly in the median line below the end of the sternum.

**MITRAL REGURGITATION.\*****By H. W. Powers, M. D., Amherst, O.**

The mitral valve is situated at the junction of the left auricle and left ventricle, and guards the left auriculo-ventricular opening. The stricture of this valve is practically the same as the tricuspid, being an annular membrane around the opening, being fixed to a tendinous ring which surrounds the orifice between the auricle and ventricle, and receiving the insertion of the muscular fibers from both. While the base of the different portions of the valve are fixed to the tendinous ring, the ventricular surface and border is fastened to the walls of the ventricle by the chordae tendinae, the muscular fibers of which project into the ventricular cavity in the form of bundles or columns, the columnae corinae. The mitral valve is considerably thicker and stronger than the tricuspid on account of the greater pressure it has to resist, and is formed practically of thick layers of connective and elastic tissue, over which is reflected the endocardium. The blood current having been forced through the pulmonary artery to the lungs for aeration, is returned to the left auricle, and by its contractions sent through the auriculo-ventricular orifice to the strong left ventricle for distribution through the arterial system, and the filling of the ventricle with blood together with the change in its shape in contracting should close the mitral valve. But it sometimes happens that from some cause or other the valve does not close perfectly, and blood is forced back through the partly closed edges, constituting mitral regurgitation.

The mitral valve is the chosen site of endocarditis, and through the changes brought about in the valve, on account of the inflammation, it is unable to properly perform its function.

The mitral valve is situated in the muscular center of the ventricle and, in the focus of its internal inflammation, is more immediately subjected to endocarditis than the aortic valve, which has broader surfaces of contact, less presence of blood, and no muscular traction. When the mitral valve is inflamed, a frill of small granulations lines the whole border of contact and tends to prevent their proper adaptation, and to cause regurgitation through the valvular aperture when the ventricle contracts. Under these conditions the inflamed, softened and thickened structures may undergo granular degeneration, and become broken or ulcerated. The auricular layer of the valve tends to yield before the pressure of blood which forces its way through the softened ventricular layer, and to form pouches protruding into the left auricle. The fibrin of the blood deposits itself everywhere on the

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\* Read before the North-eastern Ohio Eclectic Medical Association.

inflamed surfaces, often in the form of vegetations, which sometimes lines, closes and conceals the perforation. I need not go further into the causes of mitral regurgitation, nor the changes in the valve that renders it incompetent, but will proceed to report a case.

Mrs. W., widow, age 40 years, had one child, a boy of six. Her mother and two of her mother's brothers died of tuberculosis. Her husband died two years ago of consumption, after an illness of five years. Mrs. W. had suffered from periodical attacks of migraine for a long time, and on several occasions had been taken with fainting spells, which she attributed to weak heart. On January 6, of this year, I was called to see her, and found her confined to her bed on account of severe pain in the right knee and left arm just above the elbow. Pulse, 100; temperature,  $99\frac{1}{2}$ ; general condition, fair. Secretion well open, and only complaint was of pain. Diagnosis: Articular rheumatism. Saw her daily for eight days, and under ordinary treatment pain and swelling subsided, and I dismissed the case. Heard no more from her until February 6. While passing her home, was called in, and found that she had been able to take drives to North Amherst and Oberlin, and was attending the caring of considerable stock about the barn. Complained of not gaining strength fast enough, and said she had had a slight chill daily for three or four days. Found she had a temperature of 102; pulse, 110; slight frontal headache, considerable loss of appetite; slept fairly well. Saw her again in two days. Condition unchanged. On the 14th of February I called to see the patient; found her sitting up; had had chill twice daily for few days; temperature,  $102\frac{1}{2}$ ; pulse, 115; severe occipital headache, and some confusion of ideas. I insisted that she go to bed and get some one to do her work. The next day she had no recollection of my having called; could not remember anything that had occurred during the day. From the marked periodicity, I had thought she had developed a malaria, and had treated her with antiperiodics; had given quinine in small, medium and larger doses, without any effect on the chill. About February 20 she developed a mitral murmur, slight and cooing at first, but in 72 hours becoming loud and blowing, and reflected over a large area. There were two chills daily, one about 10 A. M. and one about 9 to 11 P. M. Each chill was followed with elevation of temperature, lasting from two to four hours; and then there was profuse perspiration for some time. This condition lasted for some time; in fact it was a constant symptom until the time of her death, which occurred April 12. Every day, from February 14, she had two chills, about twelve hours apart, followed by temperature ranging from 100 to  $105\frac{1}{2}$ , followed by sweating. In the meantime I had diagnosed infectious endocarditis with mitral regurgitation. Had Dr. Browning, of Oberlin, and Dr.

J. F. Davison, of this city, to see her. Both concurred in the diagnosis. The patient, during her sickness, became very anemic; there was great dyspnoea, rapid emaciation, and occasional attacks of syncope. The blood contained less than 50 per cent. haemoglobin. On April 12 she died suddenly, having been raised up a little to take a drink. I asked for an autopsy, which request was granted, and together with Dr. B. proceeded to the examination. The stomach and intestines were empty, and almost bloodless; the liver, nearly normal; the spleen, somewhat enlarged and quite hard. The lungs were somewhat congested, but not so much as we had looked for, on account of the mitral trouble she had had. The heart was nearly normal in size; no large amount of fluid in the pericardial sack. The endocardium was thickened, and in the cusps of the tricuspid valve there were blood-clots that were so hard and dry as to almost crumble between the thumb and finger. The mitral valve was covered with fibrinous vegetations which had the appearance of coral growths. There was a tongue of this fibrinous product nearly as large as my little finger, which extended up into the aorta. The mitral valve had undergone so much degeneration that it offered little resistance to the blood pressure against it, so that with each contraction of the left ventricle the blood was forced through between its surface of contact, the same as water from a pump when you hold your hand over the spout will be forced out at the place of least resistance. This endocarditis was probably a sequel of the attack of rheumatism. The case was an interesting one to me, on account of the classic and persistent symptoms of malarial fever. I will not go into the treatment of this case very much, as the treatment of diseases of the heart will be given in another paper; but will say that we used quinine early in the case, in doses of from  $\frac{1}{2}$  grain every three hours to 30 grains every four hours, without the least impression on the rhythm or severity of the chill. Frequently the temperature—the thermometer being held in the hand—would be as high as  $105\frac{1}{2}$ . During the interval between the close of the sweating stage and the beginning of the next chill the patient would rally some from the depression and be quite hopeful; but about an hour before the next chill appeared she would become dull and apathetic, and be filled with forebodings of impending death. From the time of the beginning of her second sickness till the date of her death she had, in all, more than 110 chills, and the temperature range was from 97 to 106 deg.

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Bandage knives cut best when they have a "saw edge," which is easily secured by sharpening them on a window sill or other rough stone.—*American Journal of Surgery.*

**FUNCTIONAL DISEASES OF THE HEART.\*****By J. L. Hurst, M. D., Dorset, O.**

It may be well and I deem it proper to define Functional Diseases of the Heart. It may be considered as a disturbance of the function or office of the heart, having origin in causes other than structural changes in the organ itself, and largely paroxysmal in character, with or without pain.

Owing to a similarity exhibited by many of the symptoms of functional disorders, to those met with in organic diseases, and realizing the fact that functional disorders and organic disease can and do frequently co-exist, should render it important to accurately determine beyond a reasonable doubt, how much of the trouble may be or is due to a disturbance of function, and how much depends upon organic lesion. To determine this accurately, it is necessary to perfectly understand the relations, the structure and the physiological action of the heart, and until we do understand these in a healthy condition, we can not detect pathological changes either in function or structure.

After having fully decided whether the trouble is a structural lesion or one disturbing the function, our next thought would be directed toward the cause.

To enumerate and discuss the various causes of functional disorders of the heart, from the slightest disturbance of only momentary duration to the urgent symptoms of considerable persistence would require too much time.

I will, therefore, only mention some of the common causes. For convenience I will divide the functional diseases of the heart into three classes, as follows:

First — Enfeebled Action.

Second — Excited Action, and

Third — Irregular Action.

Perhaps one of the most common causes of enfeebled action of the heart is a want of proper innervation. This may be due to disturbances of the cerebro-spinal or sympathetic nervous systems. We have learned that anything that stimulates the vagus or pneumogastric nerve causes the heart to beat slower and weaker. Thus, digitalis in large doses powerfully sedates the heart by stimulating the vagus.

Again there may be some irritation in the floor of the fourth ventricle, where the fibres of the vagus which pass to the heart arise. Another cause of enfeebled action finds origin in weak muscular fibres. The heart-muscle itself is automatic to a great extent. The rhythmic contraction does not depend wholly upon its connection with the cen-

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tral nervous system, nor upon stimulation produced by the presence of blood within its chambers, for it has been demonstrated that systolic and diastolic movements continue for a time in animals after being rapidly bled to death, and even after the heart being removed from the body. Thus we see a weak muscular fibre plays an important part as a cause of enfeeblement.

The last cause I will mention for enfeebled action is general anæmia. The amount of blood passing into the heart's cavities distinctly affects the strength of its beat. If, from any cause, the quantity of blood be diminished, as a rule the contractions of the heart become much more feeble, though this would depend, to some extent, upon the amount of pressure to be overcome.

Passing on to the second classification, excited action, I will only briefly mention some of the causes without going into detail. This may be due, first, to irritability of the muscular fibre of the heart. Second, to changes in the quantity and quality of the blood. Third, to irritation of some part of the nervous system, as, for instance, stimulation of the sympathetic; and, fourth, we find acceleration of the heart's action one of the chief symptoms in exophthalmic goitre. While this is only a functional trouble of the heart to begin with, yet hypertrophy is a common sequela from the rapid action of the heart.

The causes of irregular action are, briefly, as follows: Sexual excesses, mental emotions, dyspepsia, especially of persons of a nervous temperament; chronic inflammation of the lungs, preventing free passage of the blood; mental fatigue, improper diet, presence of worms, constipation, deformities of the chest, unduly pressing upon the heart, articles of diet, such as tea, coffee and tobacco, medicines, such as aconite, digitalis, and the coal-tar group, and last, but not least, hysteria.

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### CHIONANTHUS AND SODIUM PHOSPHATE.

By J. C. Andrews, M. D., Los Angeles, Cal.

This old and well-tried eclectic remedy is pre-eminently a cholagogue of no mean worth in those cases where specifically indicated, as congestion of the liver, torpor of this viscus, the treatment of biliary calculi, the prevention and formation and passage of gall stones, where the skin has a dark, dirty, yellow color, bowels constipated, with fullness and pain of more or less severity in the right hypochondrium, nausea, vomiting, loss of appetite, tongue coated with a dirty, sticky coat, foul breath, congested kidneys, until patient is compelled to seek relief at the hands of his medical adviser. Chionanthus is a very excellent remedy in the various nervous troubles wherein the kidneys are involved. A case in point is quite illustrative.

On April 27, 1906, Mrs. M——, of Ohio, called on the writer for examination and treatment, with a history for years of trouble with the passage of gall stones, without any relief whatever, with the advice of friends in addition, to go on the operating table under the knife and get rid of her trouble. She presented the appearance of one steeped in malaria, skin of a dirty yellow; languid, tired, indisposed to do anything, scarcely to try to get well, with fullness of stomach, eructations of gas, tongue coated with a foul, dirty, sticky, nasty coat, bad taste, bowels constipated, appetite poor. Upon examination we found situated at the region of the pyloric orifice, or a little below, an exceedingly large and hard tumor, exquisitely tender and sore, which, we feared, might prove to be cancer, though the latter is not usually so tender, though painful, as large as a small saucer, or goose egg. Grave case, with guarded prognosis, and so informed husband.

TREATMENT.—We prescribed for this patient Lloyd's Sp. Chionanthus, in doses of fifteen drops, in water, every three hours, when awake, alternated with sodium phosphate, Merck's, given in doses of from grs. xx. to grs. xxx., dissolved in water, a wine glass full after each meal, with the application of Lloyd's Libradol over region of liver, for the relief of the severe pain, which it did most effectually, keeping the bowels soluble with Beach's anti-bilious physic, as indicated. Under this treatment, for three or four weeks, distinct and marked improvement was visible. Amelioration of pain and hardness of tumor, as well as the size, was marked, which proved to increase and inspire new hope in the patient, who continued treatment faithfully and well, gradually improving, until now, three months subsequent, is practically well; no pain, except slight tenderness upon deep pressure, hardness all gone, no swelling, with a gain in weight of from twelve to fifteen pounds, good appetite, eats and sleeps well, does her housework, complexion is quite respectable and fair, almost wholly devoid of that dirty hue, is lively, cheerful and hopeful.

Am now using Chionanthus in a case of diabetes mellitus, alternated with boric acid, with some benefit, though it is too soon to expect pronounced improvement in so short a time.

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*Dr. John King Scudder, Editor of The Eclectic Medical Journal, Cincinnati, O.:*

DEAR DOCTOR:—We have to thank you for the timely article in your September issue on Scopolamine and Hyoscine by John Uri Lloyd and Dr. W. N. Mundy, as a further elucidation of the origin and therapy of these (or this) narco-anesthetic remedies (or remedy),



as I think they (or it) deserve (or deserves) to be called. It is delightful to see the rigidly scientific honesty of Lloyd, settling practically the question whether or not scopolamine should be substituted for hyoscine when this latter is called for, seeing (*i. e.*, so far as can be seen up to date) that they are so like each other. Reliable organic chemist as he is, he is unwilling to call two things that resemble each other even so much straightway identical. Science can not be satisfied as to identity if optic gyration and melting point of two similar substances differ, however alike their therapeutic effect may be. This I have not seen yet stated as to scopolamine and hyoscine. The latest that came to my notice is that by Dr. Max Cremer, of Eberstadt, a. d. Bergstrasse, in Herman Peters' "Die Neuesten Arzneimittel, etc." 5th Aufl., von Dr. Med. J. Haendel, 1906, where the Doctor says, that to obtain an unobjectionable narcosis from Scopolamine with morphine it is of the first importance that the scopolamine should be chemically pure and of the highest possible optic activity, that is laevogyrous.

As to the therapy the résumé from many authors by Dr. W. N. Mundy is very useful, and we can not have too many of them, especially from physicians, surgeons and obstetricians in active practice. The differences the Doctor reports from different authors may be owing to the impurity of the alkaloid employed by them.

We who are not medical nihilists, but pharmaco-therapists, on us lies the burden of gleaning every proposed remedy from the kingdoms of nature, sifting and reducing them to the healing of the sick, the relief of their pains and the shortening of their convalescent period. I would call Dr. Mundy's attention to the articles I gleaned from French and German medical literature, on the subject of scopolamine since last February, and published in *The American Journal for Clinical Medicine* for the months of February, March, April and October of this year, to which Dr. Mundy is cordially welcome if, as I hope, he desires to follow up this most promising remedy.

The three hundred cases of labor which he reports from Gauss, which were of varying degrees of success with scopolamine-morphine, is more lately supplemented by him by a report of five hundred more cases in the *Medicinische Klinik*, 1906, No. 8, in which he gives a full account of his procedure. The report is reproduced in Peters' book, to which I refer above.

Let us hope that at no distant day, perhaps about the end of this year, we shall have a full collation of all the world's literature on the subject of scopolamine-morphine as a most safe narco-anesthetic to the relief of suffering humanity. With kind regards, I am,

Fraternally yours,

Chicago, 334 Eastwood Ave. EPH. M. EPSTEIN, M.D., A.M.

**STORY OF A DRUGGIST'S CONNECTION WITH ST. BENEDICT'S REMAINS.**

**Translated from the French by T. C. Minor, M. D., Cincinnati.**

Twelve centuries after his death, the body of St. Benedict was kept for fifty years in the cabinet of a Geneva pharmacist, and then under a garret roof. How the illustrious hermit of Subiaco remained unknown in the city of the great Protestant Calvin, in a heretical land, is told in a recent number of the *Journal des Debats*.

St. Benedict died in 503 A. D., and his remains were embalmed and, a century later, carried to France, to Saint Benedict on the Loire (660 A. D.), where they rested for nine centuries. This abbey was pillaged in 1561 by the Calvinists, but the saint's body was removed to Paris and placed in the Church of Saint Benedict, near the Rue St. Jacques. About the close of the eighteenth century, divine services were no longer held in this church, and it was used as a burial place. At that time there lived in Paris a student from Geneva, named Henry Albert Gosse, a young man who studied medicine and pharmacy, and who lodged at the inn Pucelle d'Orleans., Rue des Mathurins. This student was a frequent visitor to the cloister of St. Benedict Church, where he made endyometric studies in the vaults, experimenting with earths, in an endeavor to determine how long it took bodies to undergo perfect decomposition. He was on intimate terms with the gravedigger, and the latter, one day, caring little for the sac of a sacrilege, offered the student, at a large price, St. Benedict's body, that was seated in a chair under the large altar of the chapel. The young reprobate, filled with curiosity to see the saint's remains, and delighted to secure such a curious and rare specimen, such a proud personage in the religious history of the world, made the wicked bargain, went into the vault under the altar, took the mummified body of St. Benedict, placed it in a blanket, put it on his shoulders, and carried it to his own rooms.

At the end of 1781, when Gosse had finished his studies, he took the remains of St. Benedict to Geneva with him and placed them in a large glass case in his pharmacy, with the inscription, "Mummy from the Desert of Barca, in Mauritania." The body was large, and appeared to have belonged to a man of about 60 years, one of fine presence and good form; it had all the teeth, and a greater portion of the hair. It was dry, hard as rock, of a reddish brown color, and perfectly mummified. It had been embalmed with tanning substances. The extremity of each foot had been skillfully sawed across, to a narrow point.

Gosse died in 1816. His son, Louis Andre Gosse, sold the busi-

ness and the natural history collection, with the exception of the body of St. Benedict, knowing its history. Meantime this brown, motionless, ferocious figure frightened all the servants and women around the house by its appearance. Every one feared even to converse in its presence as it stood quietly in its case against the wall. Finally the old monk's remains became such an object of fear that it was carried to the loft of the granary, and left there. So it remained until 1841. At this epoch Dr. Andre Gosse went to Turin, where he studied for the ministry and, in a moment of penitence, told the whole history of the mummy to the Minister of Foreign Affairs for Sardinia, Count Avelo, who soon learned that the gift of St. Benedict's mummy to His August Majesty King Charles Albert would secure the gratitude of His Majesty. When Dr. Andre Gosse returned to Geneva he took the body from the garret of the granary and presented it to the King. So the remains again passed into holy keeping.

There may still be seen at Geneva the store known as "Saint Benedict," where the remains of the hermit saint passed the last half of the nineteenth century. It is an old and picturesque mansion, that bears the number 34, Rue Croix d'Or. In front is a pretty garden adorned with geraniums and monks-hood. A stairway leads up to the old garret-room, now well lighted and ventilated, and furnished as a sacred chamber, with hangings of cardinal-red cloth, a pleasant retreat for one to muse upon the uncertainties of life.

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### **Gton Hospital Reports.**

PROF. L. E. RUSSELL, SURGEON.

CASE 106.—Mrs. G., referred to the clinic by Professor Spencer, on account of a recto-vaginal fistula of some years duration. The fistulous tract was about the size of an ordinary pencil, and located on the posterior wall above the grasp of the sphincter muscles. The patient, about forty years of age, quite fleshy, had endured all the discomforts that are manifest in this lesion, for the last eight or nine years, notwithstanding she had submitted to three different surgical operations without success. She was anesthetized by the interne at the Hospital, and brought before the class, and the method of tracing the fistulous tract was illustrated with the groove director.

It is always my custom, in attempting to close this fistulous tract, that we dissect out the fistula by the elliptical incision, keeping all the time the fistula within the limits of the dissection; otherwise some of the tissue might escape dissection, and results would be disastrous. I invariably close the wound with silk-worm gut, allowing the needle to

pierce the tissue complete, except the mucous lining of the bowel. The reason for using care in the introduction of the sutures at this point is that if the entire lumen of the bowel is pierced with the needle, we are quite sure to have a stitch abscess follow, and the operation becomes a failure. It is also necessary in the securing of the ligatures that just the proper tension be given without strangling the tissue encircled, otherwise the edges of the wound might not be properly approximated, or, if the sutures are all tightly drawn and an inflammatory condition follows, the suture will cut out, thus defeating the recovery of the case. This patient became rebellious on the third day and left the Hospital without the consent of the interne or the sister in charge, but the approximation of the wound and suturing had been so perfect that no harm resulted, and she made an uneventful recovery.

CASE 107.—Mr. C., of Newport, Ky., referred to the clinic by Dr. Rainey. The young man had fallen eighty-five feet down the side of a cliff, striking on the foot in such a manner that it drove the distal end of the tibia and fibula through the astragalus, crushing the bone and forcing the superior surface out into the part of the foot designated as the instep. There was also a fracture within two inches of the distal end of both bones, and a puncture of one of the bones through the soft parts, making what is designated by surgeons as a compound-comminuted fracture.

The proper adjustment of so serious a fracture, and holding of the same in place, taxes the ingenuity of the surgeon to the utmost, as there is always very extensive swelling in injuries around the large joints, and to adjust the bones and hold them in their proper position would be hazardous and quite liable to destroy the soft parts. In these lesions it is much better to place the limb a little elevated in a light, soft dressing, and support the parts with sand-bags, until the swelling has fairly well disappeared, which, as a rule, takes place prior to the ninth day, at which time we always like to have the bones properly approximated.

In this case the patient was anesthetized, and it required extreme force to readjust the broken bones, and get them anywhere near in apposition. It is always better to reflex the foot upon the leg so that in case there is no deformity following the injury, the foot will be of more service in this flexed position. More injuries and more damages for mal-practice occur where the foot is extended, as it becomes ankylosed in the extended position, and is of little service for future use. We take a shadowgraph of the injured foot and leg and find the bones well in apposition. The limb is now dressed in plaster paris cast, and remains in this dressing about four weeks, where the joint is implicated, after which time the dressings are removed, and the breaking

up of the adhesions, and the attempt made to move the joint services freely before they become entirely stiffened by osseous deposit and adhesions.

CASE 108—Is that of a man about forty years of age, in the employ of the Big Four Railroad, whose limb was recently injured by being run over by the wheels of a freight car, crushing the bone into multiple fragments, and in places pulpifying the soft tissue. This limb also requires some care in placing it where the swelling can be gradually watched, and antiseptic dressings applied to the crushed section and to the parts made compound by the protrusion of bones through the soft parts. Sometimes two or three weeks will elapse before it will be possible to get the wound in the soft tissues healed sufficiently to encase the limb in a plaster cast and immobilized.

As a rule, injuries of this kind are so serious as to require amputation, yet if conservative surgery is to be of value, it must be applied in injuries of this kind, and followed with strict asepsis, and often what appears to be an injury requiring amputation, can, with this extreme care, be changed to a successful issue, and the patient have a fairly useful limb. These cases we X-ray through the dressing, after the broken bones have been adjusted, to ascertain if the bones are still in proper apposition. We must be content, at times, with a fairly good approximation of the bones, especially if the tibia is still in line, even though recovery is made by the massing of the fragments. In compound fractures some time is required for a successful issue, and oft times when it seems that failure is sure to follow, the surgeon will be rewarded by a fairly good recovery. I always suggest to the patient that possibly union might not be as perfect as we might wish, but that if they are willing to take the chance and assume part of the responsibility, we shall be glad to try and save the injured limb without resorting to amputation.

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#### **SURGICAL SUGGESTIONS.**

The pain in the lower part of the back that is so frequently complained of after operation, can be best relieved by placing a small pillow in the hollow of the spine.

If, after a period of post-operative catheterization, the patient finds herself unable to pass urine spontaneously, apply hot towels to the vulva.

Woven catheters may be sterilized by boiling in saturated ammonium sulphate solution. Catheters and bougies may be kept aseptic if they are wrapped in gauze wet with the soap-spirits of the German pharmacopeia.

**Monthly Retrospect**

—OF—

**ECLECTIC MATERIA MEDICA AND THERAPEUTICS.**

BY HARVEY WICKES FELTER, M. D.

WARM WATER AS A REDUCER OF TEMPERATURE.—Eclectic physicians, with few exceptions, have not taken kindly to the cold bath in inflammatory and febrile conditions to the extent that physicians of the regular school have. The former have not been unmindful of the possible harm that has and may come from the injudicial employment of cold, and are especially desirous to avoid shock. Consequently they have leaned most largely toward warm or even hot water, with gentle fanning, in order to gradually cool the fevered patient. In our own practice we have found this the safest procedure when the matter has to be left in the control of the nurse. The value of the use of warm water for this purpose is well expressed by Dr. J. A. Munk in his article on "Relative Humidity," (*The Los Angeles Journal of Eclectic Medicine*, August, 1906) as follows:

"The application of warm water to the skin as a therapeutic agent in fever is often of great benefit to a patient. It creates an agreeable sensation of coolness, relieves pain and reduces the temperature. Warm water is preferable to cold water as a lotion as it never produces any unpleasant reaction. To apply ice or ice water suddenly reduces the local temperature when by a law of compensation reaction takes place, and the heat and fever which follow immediately run to a high pitch.

"The body of a fever patient should be sponged frequently with luke-warm water for its general effect in lowering temperature and quieting restlessness. When the face is flushed with fever and the head throbbing with pain, sponging the brow and temples with warm water, followed by gentle fanning, gives quick relief, and if repeated occasionally, will permanently cool the fever and relieve the headache. This process promotes evaporation in a highly satisfactory manner, and gives coolness, comfort and rest to the patient."

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ECHINACEA.—The extract which follows speaks well for echinacea and well for the journal which prints it (*Medical World*), giving due credit to the Eclectics for the introduction of this important medicine. It is such a rare thing for credit to be placed where it belongs when writing of Eclectic medicines, that we are glad to reproduce this selection:

"*Echinacea Angustifolia*.—The practitioner of the old school who is perfectly satisfied with the results he obtains from the exhibition of all his remedies is sufficiently learned [?]; he can not be taught anything. We are glad that such men are the exception in the profession; but we



regret that there is a considerable number who, in their longing for other remedies than those they now possess, fail to look outside arbitrary therapeutical lines.

"Had echinacea been developed by the old school, it would ere this have had extensive use and popularity, because it has intrinsic merits. The man, whatever system he chooses to follow, who does not use echinacea, is losing much, and is not altogether so good a doctor as he might be. It has been classed by the Eclectics as an alterative and antiseptic; it is both of these, and more. It has points of usefulness not in the command of any other alterative, and as an antiseptic it can be employed in more different ways than any other drug employed for like purpose. Used in the latter way, it is employed both internally and externally, and the effect is prompt and pleasing. We do not know any other drug or combination of drugs of so great value in blood poison. Whether the septic process be acute or chronic, slowly progressive or fulminant, the beneficial influence of echinacea may be observed soon after its ingestion. In uremia, septicemia, pyemia, septic fever, poisoned wounds, bites and stings of poisonous insects, etc., it is useful.

"The best proof of the efficacy of the remedy is its increasing sale among physicians of other than the Eclectic school, and the fact that the Old School or Homeopathic physician once using it continues to employ it. We should like to see its employment extend still further, and we urge those who have not tried it to do so at the first indication, with the assurance that it will not prove disappointing in any indicated case."

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ACHILLEA.—The virtues of this common and abundant plant are not well appreciated in these days when more powerfully astringent agents are used. However, when a mild agent is desired it can be depended on for good results. We are accustomed to think of it as a remedy for passive hemorrhage, and as especially useful in menorrhagia due to weak vessels and membranes. We are also accustomed to think of it in some cases of cough, with blood-streaked sputum, but few think of it for its value as a diaphoretic, and for its general influence on the skin. It is also a good gastric tonic. The editor of the *Chicago Medical Times* (August, 1906) quotes Dr. John Fearn, a sound therapist of our school, as follows:

"Dr. John Fearn, of Oakland, Cal., claims that it has but few superiors in its influence upon the skin. He says it has a stimulating action which will be a revelation to those who have not used it. It causes the sudoriferous glands to literally pour out their secretions, and with but little depression.

"He claims that it will take the place of pilocarpine with less unpleasant results, and no danger. In fevers, he says, especially of the sthenic type, when we desire to arouse the skin, nothing can surpass this remedy. The patient is covered warmly in bed, and a hot infusion of yarrow is given in frequent doses. When the skin begins to soften, the medicine is continued, but in less doses. If there are evidences of auto-infection, from retained secretion, a little capsicum can be added to the infusion. In cases of severe fever, in the first stage, intermittent, or bilious fevers, it will cause the secretions to be poured out so freely as to discolor the bed clothes. Where there is deficient kidney action, with evidence of uremic poisoning, with or without œdema, this remedy is a very active eliminant. It will take the place of a vapor bath, and that without exhaustion, the patient being very comfortable all the while. It will abort fevers, reduce high temperatures in sthenic cases, will relieve local and general congestion, will restore the secretions, will open the sluice gates of the skin, and eliminate morbid materials.

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**BOROTHYME.**—This is the name of a preparation designed as an antiseptic powder and for the preparation of an antiseptic solution by Dr. A. S. Tuchler, of San Francisco, Cal. (*California Medical Journal*, August, 1906.) From the composition of this mixture we believe it may prove an exceedingly useful medicament. Dr. Tuchler presents the formula and its claims in the following words:

"The formula for this remedy is as follows  $\mathcal{R}$  Camphor, phenol, thymol, menthol, aa. gr. x.; ol. gaultheriæ; ol. eucalypti, aa. gtt. x.; specific medicine hydrastis, gtt. x.; acid boracic, oz. ij.

"Dissolve the first four ingredients in the oils, add specific hydrastis, and triturate thoroughly with the boracic acid.

"This valuable preparation is best used in solution or ointment,  $\mathcal{R}$  Po. borothyme, dr. j.; lanoline, vaseline, aa. oz. j. M. Sig. Apply twice daily. As an all-round soothing and healing salve in recent wounds or cuts, inflamed mucous membranes, especially of the nose, as in coryza or sores in the nostrils. In eczema of the child, when the face, nose, ears or head is the location of the eruption, this will be found an excellent application.  $\mathcal{R}$  Po. borothyme; water (hot), 1 pint. M.

"This solution is an excellent all-round antiseptic preparation. As mouth or tooth wash or for a sour stomach in teaspoonful doses several times a day, it will be found invaluable. It is a cheap office stock remedy. It can be used in a 25-per-cent. solution for irrigating nasal cavities in acute coryza, the bladder in cystitis or for a vaginal douche or uterine irrigation, when such is indicated. In gynecological office practice it will be found a useful remedy as a cleansing agent in



full strength. After an extended use of the above by the writer, covering six years, it replaces the ordinary alkaline proprietary remedies and is much more satisfactory."

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PIPER METHYSTICUM.—A short time since we noted the experience of Dr. Sherman, of Columbus, O., in the use of specific piper methysticum, or kava kava. We now add the testimony of the editor of the *California Medical Journal*, who gets uniform results from it in gastric atony. He writes: "After abdominal operations there is generally an atonic condition of the stomach, with loss of appetite. I know of no agent equal to piper methysticum in overcoming this condition. I used it in drop doses every three or four hours. In large doses the agent is claimed to have an anesthetic effect, but in small doses it certainly stimulates the peripheral nerves of the stomach, increasing digestion and assimilation."

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ANISIC ACID.—Oil of anise by oxidation yields anisic acid, which Curci (*Journal de médecine*, quoted in *New York Medical Journal*) extols as possessing decided antipyretic and antiseptic properties. Slightly soluble in water, it is very soluble in alcohol and ether. It also forms very soluble alkaline salts. Sodium anisate, one of these salts, is said to closely resemble the effects of salicylic acid given internally, but without the deleterious effects of the latter upon the processes of digestion and nutrition. Spread upon a wounded surface, anisic acid is said to check suppuration and prevent the development of micro-organisms. It is isomeric with methyl salicylic acid.

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RED ONION AGAIN.—Dr. C. D. R. Kirk (*Modern Eclecticism*, July, 1906) reports success with red onion in the treatment of cystitis, as follows: R Specific Allium Cepa 3ii; essence of cinnamon gtt. x; water q. s. 3iv. Mix. Sig. One teaspoonful every one or two hours until somewhat relieved; then less often. This, together with a starvation diet—rice, soup and boiled milk—and the avoidance of coffee, whisky and spices, gave him satisfactory results in one case where the lower abdomen was painful and distended and urination occurred every few minutes; the other case showed all the chronic symptoms of nephritis. Both were promptly relieved.

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THUJA.—Dr. P. C. Gress (*The Medical Arena*, June, 1906) regards thuja as a fine local application in erysipelas. It should be applied with a camel's-hair brush often enough to stop the burning sensation and irritation. He also advises thuja where there is a sub-normal temperature, with predisposition to diabetes. For this purpose specific thuja 3j. may be added to four ounces of water, and a teaspoonful be given every hour until there is improvement, then every four hours.

## **Eye, Ear, Nose and Throat.**

CONDUCTED BY KENT O. FOLTZ, M. D.

### **CORNEAL OPACITIES.**

Probably no one defect in the refractive media of the eye causes the annoyance that an opacity of the cornea does. It not only interferes with visual acuity when over the pupillary space, but if at all dense, is constantly being referred to by misguided but well-meaning friends. The opacity being located as it is, there is a general belief among the laity that it should be easily removed, for cosmetic effects if nothing else.

It is a well-known fact that whenever Bowman's membrane is injured, either by traumatism or a suppurative process, scar tissue always results. The resulting scar may be nearly transparent, or it may be of any degree of opacity, from a nebula to a leucoma. Partial clearing may follow, especially in childhood or the early years of adult life, but complete clearing does not.

A probable cause of the seeming increase in corneal opacities among adults is the reckless use of cocaine. In any case of abrasion of the corneal epithelium, excepting in glaucomatous cases, the sensation of more or less pain is pronounced, and unthinkingly the physician, and too often the oculist, prescribes a solution of cocaine. It is true, the pain is relieved for a time, but the action of the drug on the corneal epithelium is deleterious. Desquamation occurs, and the chances for infection are increased. Even if infection does not follow, the action of the drug retards the reparative process, and a more dense opacity results than otherwise would.

It is too early as yet to decide whether the use of the supra-renal derivatives plays any part in the formation of corneal opacities, but I am certain that, sooner or later, they will be found to add their quota. The constringing effect is so marked that a temporary cessation of reparative work must occur, and where the drug is prescribed for the purpose of keeping the conjunctival congestion at a minimum, the retardation is continued for some time. The aim of the physician and surgeon is to get as rapid healing as possible, and also with a minimum of tissue loss. Any measure, mechanical or remedial, which gives contrary results should be employed only as a last resort.

Not for the purpose of being pessimistic, but because there is a probability that both of the drugs mentioned are deleterious when indiscriminately employed in corneal lesions, I hope to have a more conservative employment of these agents, and also a careful study of their effects and after effects.

### THE PHARYNX IN INFLUENZA.

In influenza there is nearly always an acute inflammation of the pharyngeal tissues, and unfortunately the tendency is to assume a chronic type of inflammation with more than the usual amount of tissue change. While often the pharyngeal symptoms improve under treatment for the primary cause, the condition is so often neglected, treatment being abandoned before the mucous glands have eliminated the morbid material and absorption of the exudate into the submucosa has occurred, that an annoying pharyngitis results.

In either nasal or pharyngeal complications the treatment should include such remedies as will promote absorption of the exudate, and elimination of the glandular products.

In pharyngeal manifestations there is often considerable pain which may be increased on swallowing or talking. In these cases bryonia should be given in good-sized doses, from *gtt. ss-2-3*, at least. With the bruised sensation present, cimicifuga in doses of from *gtt. ss-j*. These drugs should be given every one or two hours, depending upon the severity of the case. Phytolacca in doses of from *gtt. j-iiij*. is usually indicated for relieving the glandular engorgement, and should be continued for two or three weeks after the attack has apparently subsided.

Other remedies are often indicated, but these I have found to be the most frequently required in these cases.

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### EFFECT OF KINDERGARTEN ON THE EYES OF CHILDREN.

In the chairman's address before the Section on Ophthalmology at the Fifty-seventh Annual Session of the American Medical Association, Boston, June 5-8, 1906, Lewis H. Taylor declared: "Especially should we stamp with our disapproval certain pernicious forms of kindergarten work which demand excessive use of the eyes at close work at an age when the eyes should not be subjected to such strain."

Along the same line of thought is an article by Nelson L. North in the June number of the *Brooklyn Medical Journal* on the effect of the kindergarten on the development of children's eyes, in which the doctor comes to the conclusion that for most children it is far preferable to leave kindergarten alone, and at about seven years of age to begin in the regular school courses. The reasons for such conclusion are not a tirade against the kindergarten idea in itself, but merely to call attention to the excessive demand for near work required by many of the kindergarten exercises, which often include paper weaving and pin-hole work for tots of three or four years. If any of us adults should try to perform these tasks, such as the working into more or less intricate geometrical designs of strips of paper of various colors and

adjusting them with exactness, or the following with different colored thread of designs punched into cardboard, or various other work equally requiring attention and skill, we would find this "play work" to include a great amount of effort and strain on the eyes, which even for adults is hard work, much more so for children in the plastic and immature age of three to five. Of course the children like this pretty "play" in colors, just as their mothers like fancy lace work, very fine painting on China, etc., because it is bright and attractive; but for children the strain on the eyes involves a permanent damage to vision for which a little precocious mental development is a poor compensation. Even this supposed advantage of early mental training is largely illusory, as we have yet to find a child who had a good start free from care until his seventh year not standing as well, if not better, after a few years at school, than his kindergarten companion.

Our author states that he has observed many of the kindergarten children to show early errors of refraction and to complain of asthenopia, with often a tendency towards muscular imbalance and spasmodic squint. He is of the opinion that prolonged fixation of vision for near work in a very young child whose tissues are soft and readily susceptible to pressure would tend to elongate the eyeball in an antero-posterior diameter through constant contraction of extrinsic muscles. In a similar manner a tendency to slight astigmatism might develop into a positively greater amount of distortion of the axes of refraction.—*Medical Review of Reviews.*

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## PLASTIC OPERATIONS ON THE EARS.

Dr. E. Payr, Graz (*Archiv. f. Klinische Chirurgie*, Langenbeck's, Berlin).—Among the plastic operations which the author has enumerated in his article, the one for reducing the size of over-prominent ears seems to have given excellent results. His special points in the technique are the excision of a sickle-shaped piece of cartilage from the back of the ear, the outer edge parallel to the rim of the ear; the partial detaching of a broad horizontal strip at right angles to the first, its base being left attached. This strip is turned back and drawn under a bridge flap cut in the periosteum of the mastoid process. By traction on this flap the ear is drawn back more nearly parallel to the head. The cross-shaped defects left in the ear are sutured and the skin over them, thus materially reducing the size of the ear and bringing it parallel to the head. The pieces of cartilage are easily mobilized and the excess of skin left in front by the reduction in size was soon taken up by the growth of the child in his cases.

### **Periscope.**

#### **ECLECTIC MEDICATION IN TYPHOID FEVER.**

A most notable error is the inauguration of the treatment of typhoid with the administration of an active dose of physic, and the continuation of laxative remedies during the course of treatment. I am confident that the profession at large makes no greater mistake than this. Let good judgment and a keen, rational discrimination decide as to whether intestinal obstruction from any cause or fecal accumulation exists. If these be present, a mild laxative, accompanied with a large high enema, will be sufficient in all cases. In an observation of nearly thirty years I am convinced that large doses of calomel invariably prolong the fever, and that this foreign substance in any dose may be readily substituted by a rational organic remedy.

The coal-tar derivatives have no place in the treatment of this disease. In minute doses no results are apparent, and in large doses the destructive influence of these agents upon the red blood corpuscles and in forming methemoglobin overbalances any beneficial effect their depressing influence may have upon the temperature.

The first consideration in every case must be the reduction or the restraining of the temperature. In sthenic cases, at the immediate onset of the disorder, if there be a pronounced chill, with greatly elevated temperature, of abrupt occurrence, a wild delirium, within the first few hours, it is excellent treatment to administer a full dose of jaborandi or one-twelfth of a grain of pilocarpin, hypodermically, to put the patient into a hot bath for a short time, and then wrap him in blankets and encourage profuse perspiration. I am confident I have seen cases aborted or greatly abridged by this course. The sudden early recurrence of violent delirium in the sthenic stage has no better remedy than jaborandi.

Hemorrhage is almost an unknown complication with those who have used echinacea in typhoid. If it occurs, it is treated with astringents according to indications. Hamamelis, thuja, erigeron, capsella, or aromatic sulphuric acid or nitric acid are often most serviceable remedies, selected according to their specific indication. In extreme passive hemorrhage gallic acid is important, especially if hematuria be present.

The delirium must be treated directly. I have observed that but little benefit from any other treatment will occur while delirium lasts. For this condition hyoscyamus is of much value in the excitable or wild form. It may be given with confidence. It may be given in alternation with ergot or gelsemium if determination of blood to the brain be plainly apparent.

The bromids and chloral in consistent doses will be found of service in the insomnia and restlessness of typhoid. Hyoscyamus, passiflora, and cannabis indica are also of much value.

I have administered the phosphate of iron in trituration at the period of the highest temperature each day in these fevers, with good results. I have dissolved ten grains of the third decimal trituration of ferrum phosphate in a teacupful of boiling water, and administered this in teaspoonful doses every ten minutes during a period of two or three hours in each twenty-four hours of the first week or ten days, when the temperature was the highest, discontinuing all other remedies while this was given, and have seen most desirable results.

Diarrhoea will not prove a serious complication if no active physics have been used, and if the bowels be freely flushed after each large movement a few times with an antiseptic flush. Geranium, epilobium, or erigeron in sufficient doses will usually control excessive action. Thorough irrigation of the colon with the physiological salt solution to which are added a few drops of carbolic acid, will control the diarrhoea, remove existing tympanites effectually, and restore, to a degree, the strength of the patient, increasing the force and volume of the pulse.

Quinine has no place in typhoid as a specific antipyretic, but in those cases where malarial manifestations are present as a complication, it may be given in the early stage of convalescence only at that period of each twenty-four hours when the temperature drops below 101 deg. F. And it must be discontinued when any apparent nervous irritation appears from its use. The bisulphate should be given in preference to the sulphate because of its ready solubility and absorption.

I would further advise the use of peroxide of hydrogen in all enemas, and especially when diarrhoea is present. Systematic and thorough lavage of the intestinal tract is an important feature of the treatment of typhoid. Two tablespoonfuls of peroxide of hydrogen in each quart of water after each bowel movement cleanses the lower intestinal canal and assists in controlling further bowel movements. This is especially true in tympanites also. If this condition be severe, a half drachm of the spirit of turpentine should be mixed with the water and injected once each day.

Echinacea has been extensively used in the past ten years, and while it has not aborted the fever, it is the best of our agents in antagonizing the influence of the toxins within the system. It may be given in conjunction with all other indicated remedies in from five to ten-drop doses every two hours. All observers unite in the opinion that it greatly modifies the severity of every case. It lessens the fever and materially shortens its course. But few cases continue beyond three weeks when this agent is employed. It preserves the integrity of the



blood, sustains the action of the heart, stimulates the stomach, encourages nutrition, and positively wards off complications and sequelæ.

Baptisia is indicated when the tongue is dry and coated with a brownish coat; when the mucous membranes are dark colored, purplish or dark red, and when the breath and fecal discharges are fetid and there is sordes on the teeth. It is a great favorite with those who have had experience with it. It should be given as soon as these indications appear.—*From Professor Ellingwood's new work on the Eclectic Treatment of Disease.*

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PUBLICITY IN VENEREAL PROPHYLAXIS.—Lewis (*Medical Record*) believes in publicity. The boy does not know the meaning of the approach of adolescence. He should be told the truth about the sexual instinct and the need of controlling it. His fears should be dispelled and he should be taught the dignity of virility. Principles of honor toward the young girl should be inculcated in him and he should be taught the dangers of venereal diseases. Knowledge is of even greater importance to the girl. One mistake blasts her life. Young people should be taught hygiene and physiology and reproduction. Maudlin sentimentality and false modesty should be cast aside. It is the duty of every practitioner to give instruction along these lines to those youths who come under his care. The curse of the past has been ignorance.

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MEDICINE AND LAW IN RELATION TO ALCOHOL, VENEREAL DISEASE AND ALCOHOL. Knopf (*Medical Record*) attributes the majority of crimes to alcoholism. It is the most frequent cause of social misery, domestic dramas, privation and want. Alcohol often leads to sexual overindulgence and illegitimate relations. Excessive alcoholic excesses often lead to or precede the contraction of syphilis and gonorrhea. He believes in the enactment of laws so far as possible to prevent alcoholics from marrying. The laws which have been already made with reference to this subject should be enforced. The patent medicine curse should be suppressed. The "treating" habit is responsible for much of the evils of alcoholism in this country. Sanatoria for alcoholics are advisable. He suggests a law making it prohibitive for persons suffering from gonorrhea or syphilis in any of the infectious stages to contract marriage. He also pays considerable attention to the tuberculosis problem.

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In hydrocele the base of the tumor is below, in spermatocele it is usually above. A milky fluid obtained by aspiration usually speaks for spermatocele.

*American Journal of Surgery.*

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## ORIGINAL ARTICLES.

THE JOURNAL now has an active staff of twenty Special Contributors, who will furnish one or more leading articles for our JOURNAL during 1907. These men are all prominent in our school of medicine, and their articles are always valuable.

Among the contributions which we shall be using soon will be: An exhaustive article by Professor Farnum, the well-known surgeon of Chicago, on "Chronic Peritonitis." An article entitled "Certainty in Medicine and the Single Remedy," by Dr. J. S. Niederkorn, of Versailles, O., the well-known author of the "Ready Guide to Specific Medication." Dr. A. B. Conklin, of Ambler, Pa., on "Cardio Vascular Hypertension, and Pre-Senile Changes It Induces." The author thinks this subject is not sufficiently appreciated by the profession, and one that will receive a great amount of study within the next two years.

Dr. Church will continue his series of articles on "Fractures and Dislocations." Prof. A. F. Stephens, of St. Louis, will contribute an article on "Septic Endometritis." Dr. H. T. Webster, of Oakland, Cal., the author of "Dynamical Therapeutics," and a text-book on the "Eclectic Practice of Medicine," will continue his series of drug studies. An article on "Cesarean Section," and another on "Practical Points in Diseases of the Gall Bladder," by Dr. O. A. Palmer, of Cleveland, O. A. P. Hauss, M.D., of New Albany, Ind., on "The Art of Pleasing as Applied to the Successful Practice of Medicine." Dr. Q. R. Hauss, of Sellersburg, Ind., on "Bone Tuberculosis." SCUDDER.

## IGNORANCE.

"Ignorance is an affliction a good many people have, who do not know enough to know they are afflicted with it."—*Sunflower Philosophy.*



This is a truth, and one that should cause a review of one's position, mentally and otherwise, in the body politic. Why is there so much ignorance? It crops out in every vocation, avocation, and also in those who have no occupation or aim in life. The more ignorant, the less tolerant. This is brought prominently to the fore in the every-day experiences of the business and professional world, and often in a manner that is unpleasant, to say the least.

The business man employs some one to do a certain kind of work, and through the ignorance and egotism of the employe, loss results. It is not through a malicious disposition, but the peculiar self-satisfied contentment of the person who, in his mind, knows it all.

The professional man is often placed in an embarrassing position through this same self-conceit, the party seeking advice hampering the person consulted by knowing (?) more about the case than the one consulted. Lucidity appears to be an unknown factor with this class of people; they ramble through the realms of their imagination, which, unfortunately, is often rather vivid, and the professional man must eliminate a chaotic mass of verbiage in order to get probably a single fact of value.

This effusive flow of unimportant words is not confined to the illiterate, but is most marked in those who are supposed to be fairly well educated and above the ordinary in intelligence. This class form the dangerous class of ignorant individuals. They have a fair vocabulary, and deal in glittering generalities, hoodwinking the average and those below this standard with their supposed learning. They are a menace to the law-abiding people, as well as an affliction to those consulted in either a business or professional way.

Unfortunately, some of this class of people enter the professional ranks, and make life miserable for all with whom they come in contact. Their patronage always have the most difficult cases they ever came in contact with; or if a physician, he will say, "If I had been a minute later the patient would not have recovered," or, "Why did you not call me sooner?"

The doctor of this class will tell of taking care of fifty or sixty cases of puerperal eclampsia, two or three hundred cases of diphtheria, malignant scarlet fever, innumerable cases of typhoid, etc., without a death. His imagination simply runs riot, and while he does not always mean to delude, he is unconsciously a direct descendant of Ananias. He infests medical conventions, medical journals, and in small towns the corner grocery, and in cities he is found loitering about the clubs.

It seems strange, indeed, that death should enter the community in which such a prodigy dwells, but, sad to relate, this is a not uncommon

occurrence among his patrons, but it is always because he was not called in time. He is like the lilies of the field, in that he never studies or reads; he knows it all, and is often not backward in telling his auditors this fact. He is too often an educated ignoramus, the most difficult class of humanity to deal with, on account of their not knowing they are ignorant.

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FOLTZ.

### SEASONABLE REMEDIES.

Pursuing our studies along the same line as in the October JOURNAL, we have yet to study bronchitis and pneumonia.

Before reviewing their treatment, we will glance for a few moments at their diagnosis.

Bronchitis is frequently met with at this season. It is frequently spoken of as a cold, or cold on the lungs. It is an exceedingly common disease in children. It is, as a rule, bilateral. Pneumonia, or lung fever, is, on the contrary, unilateral, and usually confined to one lobe, or a portion of a lobe. The rales in bronchitis are sub-mucous or mucous, often very coarse and loud. In pneumonia it is at first the crepitant rale, then bronchial breathing or broncophony, with the consolidation of the lung. Percussion normal in bronchitis, dull in pneumonia, and increasing as consolidation progresses. Cough is present in both, but the sputa differs. Frothy and abundant at first in bronchitis, changing to a purulent and abundant secretion. In pneumonia, at first scanty, thin, and tinged with bright blood, it becomes the characteristic rusty sputa. There is also a condition called broncho-pneumonia, in which the consolidation occurs in patches, or small areas. It is often a serious condition, and dyspnoea is often extreme.

The treatment of these conditions is similar—the same indications calling for the same remedies, no matter what the name of the disease may be.

The small, frequent pulse and febrile reaction calls for *sp. aconite*. It may be the pulse is full and bounding, the inflammation sthenic in character; it is then *sp. veratrum*. This seems to me to be the sedative most frequently called for in pneumonia. Occasionally *gelsemium* or *rhus* may be combined with either of these, but not often. Should pleuritic pains be present, *sp. bryonia* is alternated with the above. *Bryonia* is the remedy for pleurisy, whether acute or chronic. When coryza is present, as it often is in bronchitis, *asclepias* is combined with the *bryonia*.

The cough calls for *lobelia* when it is coarse and rattling, showing abundance of secretion in the bronchial tubes, or when there is a sense of suffocation or oppression in breathing. When the cough is tight

and distressing, but little secretion, and appears to cause pain, ipecac is prescribed.

These are all the expectorants needed in the acute diseases outlined above, and can be combined with either of the remedies previously mentioned. Expectorants or shop-made cough remedies have but a small place in our therapeutic measures. Locally, the compound emetic powder, dusted on the larded cloth, answers our purpose admirably. If there is considerable pleuritic pain, libradol is used instead. In children suffering with pneumonia, we prefer the cotton jacket, covered with oiled silk. Often nothing save hot applications are used. The dry heat is preferred to the poultice; in fact, the latter is almost discarded by the writer.

MUNDY.

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### FOLLICULAR TONSILLITIS.

This is a common disease, especially in children and young adults. It is often mistaken for diphtheria.

In follicular tonsillitis the tonsils, pillars of the fauces and pharynx are involved. The local symptoms are pain and soreness in the throat and difficult deglutition. The tonsils are swollen, red, and covered with a number of small patches of mucus, yellowish-white in color. These patches do not coalesce to form a continuous membrane, but remain separate throughout the disease. The pillars of the fauces are usually deep red in color, the redness sometimes extending as far as the uvula and forward on the roof of the mouth. The inflamed parts are dry and glistening.

The disease is ushered in by a chill more or less pronounced, which is followed by a considerable rise in the body temperature. There is severe headache and a sense of soreness and aching all over the body, being most severe in the back. There is a feeling of constriction in the throat, especially when attempting to swallow anything. There is complete loss of appetite and often nausea and vomiting, especially in children. Inspection of the throat will show it inflamed, swollen and red, and if the disease has existed for several hours, patches of mucus upon one or both tonsils.

This is not diphtheria, and does not show the characteristic exudate of that disease, which is greyish-white in color, and covers the whole tonsil as well as other of the throat structures. Then the exhaustion, while considerable in follicular tonsillitis, is not so profound as in diphtheria. The duration of follicular tonsillitis is about five days.

The treatment can be made simple and effective, or the disease can be made severe by injudicious treatment. If seen in the early stage,

when the headache is quite severe, three-drop doses of specific gelsemium, given every hour for a few hours, will relieve this distressing symptom. At the same time the following mixture is to be taken:

℞.—Specific phytollaca dr. i; specific aconite gtt. v; potas. bichrom. gr. ss; water q. s. ad. oz. iv. M. S.—A teaspoonful every two hours.

Locally, I use the following as a spray or gargle: ℞.—Acid. borac. gr. ix; dist. hamamelis oz. ii; echafolta oz. ii; water q. s. ad. oz. viii. M. S.—Use as a gargle or spray every two hours.

Other remedies will be indicated by different conditions, and must be supplied when needed.

The patient is to fast until the symptoms of active inflammation have subsided, which will require perhaps twenty-four hours. After this a light diet until all evidences of disease have disappeared.

Don't swab or mop the throat. It is not zinc-lined.

STEPHENS.

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### THE TEACHINGS OF THE FATHERS.

The teachings of the "Grand Old Fathers of Eclecticism" are without question of great importance and worth. They were the outgrowth of conditions existing at the times of the "Fathers," and have resulted in reforms of much value to the sick. But those whom we now call "Fathers" made radical advancement in their day by contending against the medical evils then prevalent, and by urging the abandonment of an unsatisfactory treatment of disease. And so should we, following their example, always advance and not sit down to placidly contemplate the past. The "Fathers" are often held up before us as though to differ from their teachings would be the greatest sacrilege. But such, however, is not the case, for as in their day they were reaching out for a more perfect system of practice, so they expected us to press on from the limits they attained.

Specific medication is good medication. It is the best system of medication extant to-day, but still it is not perfect and leaves something to be desired. It is probable that at present there is too much reliance upon symptoms without careful investigation into causes. It may be that too much attention is paid to the color of the tongue and its coatings, or that the character of the pulse is taken too seriously. Exclusive attention to transitory manifestations of disease may cause neglect of underlying conditions which should be sought for and understood. Pain, as a symptom, may call for relief, and yet to give an opiate for pain may cover a pathological state, and death may result when a more careful examination might have led to a removal of the cause and a restoration to health. It requires a certain amount of courage to refrain from medication when the situation does not justify

the administration of drugs. The physician feels that he is expected to do something, and generally does, although he may be at sea in regard to the best way of treating his patient. Medicating the symptoms is all right, and good practice as a rule, but it is also well to know what is the matter, and not lose sight of basic conditions. We can not dispense with symptoms, for these alone must be our guide in many cases. But symptoms are sometimes confusing and contradictory, and whenever possible the true pathological state should be determined. Diagnosis should be as accurate as possible. It is direct medication to administer a remedy when we have the specific indications, but it is well enough to know what causes the symptoms, or, in other words, medicating according to symptoms without regard to underlying pathological conditions is not as scientific or satisfactory as therapeutics should be. We must keep up with the times and place our medication on a firm basis. Let us understand that the temporary relief of an unimportant symptom does not mean a cure, and we should always remember that the cause of disease must be dealt with in order to insure permanent results.

WATKINS.

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### COMING OUR WAY.

Dr. Thomas F. Rielly, in his address on therapeutics before the last meeting of the American Medical Association, said, in part:

“On many occasions the word has gone forth from this section that a more systematic study of our native plants would enormously enrich our medical armamentarium. If one-half of the energy that is daily put forth to discover some new coal-tar product were employed to test our native plants and to extract their active principles, I am sure far more permanent results would be obtained. Why should there not be other plants growing about us, that will do for other organs what digitalis does for the heart, and what quinine does for malaria? Coal-tar derivatives have never cured disease. In every case their effects are but temporary. The reason of this present skepticism of the profession toward our native materia medica is doubtless due, in a measure, to the senseless claims made by the earlier inexperienced and too often uneducated physicians and laymen, claims which were found to be preposterous. If it were found that the agent did not benefit the disease as it was claimed to do, it rapidly fell into oblivion. This is not the method of the ultra-scientific staff pushing a new coal-tar derivative. They keep on trying it for everything, and finally it may become a well recognized agent, useful for an entirely different affection from that which its originators intended.”

From this we see that the tendency of regular therapeutics is toward the principles for which we have so long contended. Our school, by incessant and vigorous protest, finally accomplished the downfall of

heroic mercurial medication and of venesection, and our constant contention against the use of the coal-tar products in medicine is now beginning to bear fruit. It may sound startling to regular ears for one of their most eminent members to assert that "coal-tar derivatives have never cured disease," and that "in every case their effects are but temporary;" but this is what we have been claiming for years, and in addition to this we are assured that the injury brought about by this class of drugs is far reaching and, in some cases, fatal. We have in these pages frequently protested against the "senseless" claims made by over-enthusiastic physicians in regard to the virtues of our native plants. What we want is the truth, well sustained and easily demonstrated facts. As we have said before, our cause is injured more from our own ranks than from without. The regular profession is advancing to the field we have so long occupied. In a few years they will stand upon the ground we now hold. Never was there a brighter prospect for the young man entering the ranks of the medical profession than that offered by the Eclectic school to-day. For he will at once have presented a richness of therapeutical knowledge which has just begun to dawn upon other schools.

Having destroyed the idols of mercury, tar and serum, so long worshiped by the old school, we will have not accomplished a great object if we can not offer something better. This we can do. We must teach the medical world direct medication. Those who think the work of the Eclectic school is finished are very much mistaken, for our usefulness has just fairly begun.

WATKINS.

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### CANNED TREATMENT.

Some physicians desire ready-made treatment, such as is obligingly furnished by the accommodating proprietary houses. "Canned treatment," it might be called. All there is for the doctor to do is to open a fresh can when required. Canned treatment is warranted to keep in any climate, and any can use it; indeed, the patient soon learns to obtain the stuff himself without consulting his physician, and passes it around among his neighbors with the assurance that it is good because his doctor recommended it. Physicians need not fail to understand why the manufacturers are so righteously solicitous and insist that the original package, only, shall be prescribed. This is done that the patient shall know what he is taking, and in the future can dispense with the doctor and supply himself from the fountain head direct. That some of the proprietaries are good is true, else they would soon die out. Advertising may introduce a preparation, but its future life depends upon its merits. We do not hesitate to say that some of these reme-



dies are better than the doctor can concoct, because he does not want to work, he does not want to study. It is asking too much of some medical men to require them to think and deliberate; indeed it is too much.

On account of the proneness of the laity to use proprietaries and to have their prescriptions refilled, physicians have almost been compelled to prepare their own medicines. This brings them in relation with the physicians' supply houses, and almost eliminates the local druggist from the transaction. Consequently he is compelled to depend for his business upon patent medicines, whiskey, tobacco, soda water, "dye stuffs and perfumery." Specific medication does away with a whole lot of trouble in the drug line, but makes the doctor study his cases, and gives him a more direct and effective method. As Eclectics we are therapeutically years in advance of the masses, and the proprietary proposition does not affect us to any great extent. But there will be found scarcely anything on the medicine shelf of many physicians but proprietaries, ready-made, canned treatment. In the use of this canned stuff, of course, no very accurate diagnosis is necessary. Just open a can, give the patient part of its contents, and if this does not relieve, have him come back and try something out of another, and so on until all have been tested. Something ought to do good presently, and, in any event, the expense all comes off the patient. He pays the freight, while in the meantime he may recover, so that he is satisfied and the doctor is paid. With this automatic treatment it is not strange that the patient drifts to patent medicine. As far as he can see they do about as well.

WATKINS.

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### HELPFUL CRITICISM.

Two or three months ago I wrote an editorial in which I criticised our Eclecticism a little. Dr. Scudder has been very indulgent with me, allowing me almost the freedom I enjoyed when connected with the old *Gleaner*. In the *Gleaner* "I kicked the covers off" whenever the spirit whipped me into it. I do so strongly believe in independence and perfect frankness that it is difficult for me to conform to the niceties of literary convention. Several JOURNAL readers protested against my fault-finding, saying that Eclecticism was criticised enough by outsiders, without being excoriated by insiders. Now, either my brethren misconstrued the animus of my writings, or they have reached that stage in "liberal" orthodoxy which resents criticism. It will be a sad day for our school when its members shall have concluded that Eclecticism has reached perfection. My articles were written *wholly* in the interest

of Eclecticism. The notion that we must not introspect is merely childish. How shall we make any progress if we do not do so? There is no hope for the man who can not see at least some of his own faults; and what is true of one man, is true of a school, or sodality, or cult. Our school has faults, many of them. It is our duty to the school and to humanity to prune these away as fast as possible. Let us wallop the man or body of men that cusses us, but let us reserve the right to cuss each other. It won't hurt our dear school to dash a little ginger under her tail once in a while; she needs it. Boys, she is going slow, but *not* sure. I want her to break into both a rapider and surer gait.

COOPER.

### **“JOURNAL OF THERAPEUTICS AND DIETETICS.”**

We are glad to welcome Dr. Pitts Edwin Howes, of Boston, to the “editorial round-table.”

The first issue of his new monthly is at hand. It is a thirty-two page, 8-vo. monthly. One dollar per year. Published at Boston. While the title comprehends the contents, the editor says “Eclectic therapeutics will be a special feature.”

We reproduce Dr. Howes' excellent “Foreword”:

“When a new publication knocks at the door for admittance where some might think the field was well filled, if not overcrowded, almost imperceptibly comes the query—Why?

“Without doubt that will be the thought of many who may turn these pages for the first time.

“That the general trend of the medical profession to-day is toward a re-study and a more thorough knowledge of the direct and indirect action of all therapeutical agents can not be denied. Therapeutic nihilism is being relegated to the past. Therapeutic faith is fast taking its place. The correct use of the great variety of therapeutic agents for the alleviation and cure of disease is being rapidly disseminated.

“The great cry of the progressive practitioner of to-day is, What will aid me in relieving my patients of their distresses?—those which can be furnished by practical, thoughtful, successful physicians. It is along these lines that the therapeutic department of this Journal will be conducted.

“Dietetics has been more completely ignored by the medical profession than almost any one thing in the whole realm of necessary treatment. Many physicians pay but little heed to the diet of their patients. If one-half the attention was given to the nutrition that is devoted to the various methods of making a correct diagnosis, the relief would be proportionately rapid. Indeed, the correct diet may be said to be the keystone in the arch of a successful treatment of any abnormal condition.

“If these statements are facts—and who cares to contradict them?—it behooves us to delve more persistently into the rich field of dietetics and unearth that knowledge which will prove beneficial.



"Dietetics, then, has been chosen as the necessary complement of our therapeutics. In the study of these two branches of the medical art this Journal will aim to take a prominent part.

"In all cases mere theory will give place to actual fact. We shall strive to make each number so practical and helpful that the Journal of Therapeutics and Dietetics will be a welcome visitor at the desk of every progressive medical practitioner.

"When we state that this Journal is the only one which confines its contents strictly to therapeutics and dietetics, need we make any other reply to the question raised—Why?"

SCUDDER.

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### THE DURHAM HOSPITAL.

The Eclectic profession of Georgia have just opened a new, modern hospital at 235 Capitol Avenue, in Atlanta. It is a large four-story building, containing a reception room, office, nurses' bed-rooms, dining-room, male and female wards, and several rooms for private patients. It will be owned and operated exclusively by the Eclectic profession in Georgia.

The students of the Georgia College will assist as internes. Professor Durham writes that the College has opened with a good class, and they expect to do good teaching this coming winter, and we know that this hospital will prove a great advantage.

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SHALL THE DOCTORS VIEW THE CORPSE?—At a recent inquest it was alleged that the corpse was placed in the coffin before life was extinct, that a burial alive came near happening, and an attempt was made to fix the responsibility on the medical man, who had given a certificate of death without seeing the corpse. He had seen the man shortly before death and had advised the family of the impending dissolution, and later on, receiving word that the patient was dead, gave a certificate as to the cause of death. The jury added a rider to their verdict to the effect that the medical man, Dr. George Burton, of Wamstead, ought to have inspected the body before certifying. The medical man, according to the law, acted absolutely correct, and the censure implied in the rider by the coroner's jury was unnecessary and unjust. Blame of this kind made public by sensational publication in the daily press, inflicts considerable hardship on medical men, and is a gross misapprehension of the law on the subject. It is quite easy to see, however, how mistakes of this kind can occur. If the law is wrong, it should be changed—not the doctors charged. It is to be hoped, however, that the duty of viewing one's own corpses will not be added to the doctor's many disagreeable duties.—*Texas Medical News.*

# IN SUMMER COMPLAINTS

== THINK OF ==

# ALKARHEIN

## OF USE IN INDIGESTION

OF COURSE, IT WILL NOT CURE ALL CASES OF DYSPEPSIA, BUT  
IT WILL BE SURPRISING HOW USEFUL IT WILL PROVE IN SO  
MANY DERANGEMENTS OF THE GASTRO-INTESTINAL TRACT

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2½ Grains.

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(With the acrid resin removed)—The great tonic and corrector of the mucous surfaces.

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Antacid. Increases Alkalinity of the blood and the oxidation and excretion of effete matters.

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Promotes intestinal digestion, converts starch into sugar and dextrose; proteids into peptones; emulsifies fats, digests the casein of milk.

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CINNAMON**  
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Valuable in atonic conditions of the intestinal mucous membranes, with flatulence and diarrhea

Spirit of Peppermint and a minimum of Simple Elixir is a menstruum that will commend itself to physicians.

Think of Alkarhein in acid dyspepsias, flatulent colic, infantile colic, cholera infantum, cholera morbus, diarrhea and all abnormal acid conditions of the alimentary tract. Think of Alkarhein in these cases and prescribe it as thousands of physicians have been doing for many years with the confidence born of experience.

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**Because** in all such cases we use the green or fresh root, bark or plant, gathered especially for us in its prime—

**Because** the proper menstruum, containing sufficient alcohol to extract, preserve and hold in permanent solution all the active principles, is always selected to meet the peculiar requirements of each drug—

**Because** of their uniform strength, determined by assay and physiological tests, and positive therapeutic efficiency—

**Because** the following was not written of, and does not apply to, the Merrell Fluid Extracts :

"UNTRUSTWORTHY" ought to be written after the name of the fluid extracts of medical plants as usually found on our apothecaries' shelves. I have a habit of tasting, at a subsequent visit, of nearly all the medicines I prescribe, and I find there is a large number of the fluid extracts in many of the official and unofficial forms, prepared for our use by the pharmacists, which taste exactly alike. That taste is a peculiar stale, dirty, gritty one, often entirely wanting in the special aroma peculiar to each plant in the green state; and just here, I make no doubt, is the secret of the unworthiness of many of these "medicines." Instead of the fluid extract being made of the fresh or green herb, root or plant, it is too often made from a dried, more or less inert drug, from which the volatile, and often the active principle has perhaps wholly evaporated.—Dr. NORTON, Brooklyn, in Medical Record.

The Wm. S. Merrell Chemical Company will not hold themselves responsible for the identity of fluid extracts filled out from bulk stock or refilled containers on druggists' shelves—original packages are the only safeguard.

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New York

CINCINNATI

San Francisco

# THE ECLECTIC NEWS

## A MONTHLY NEWSPAPER

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Vol. XI.

NOVEMBER, 1906.

No. 11.

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### BOOK NOTICES.

**Diseases of the Nose, Throat and Ear.** By Kent O. Foltz, M. D.  
Professor of Ophthalmology, Otology, Rhinology and Laryngology in the Eclectic Medical Institute. 117 illustrations. 12mo, 643 pages, cloth, \$3.50. The Scudder Brothers, Publishers, Cincinnati, Ohio.

This book, just published, is deserving and should have the patronage of every Eclectic and liberal physician. In the past, with few exceptions, Eclectics have had to go outside for works on the specialties; but the need for this is fast passing away. Here is a practical work, written by an Eclectic teacher. It is a safe guide for the general practitioner, and will save for him many a dollar that would otherwise go to the specialist. Every portion is well written and well thought out, and there is one valuable part which you will find in none of the high-priced works. That is a small but well digested list of remedies given according to specific medication. To my friends I would say, send for this book, it will pay you well. JOHN FEARN, M. D.

This work is a regular oasis in the desert of rhinology, laryngology and otology. The current literature of the day, as we see it in both text-books and journals, is one long, dreary monotony of surgical procedures and local applications. In this work we have the surgery and local treatment well elucidated, and at the same time the treatment of the diseased condition by means of the properly selected and indicated remedy is clearly pointed out. Such a work is well calculated to renew one's faith in rational therapeutics. The closing section of the book consists of an epitome of eight pages, giving the specific indications and uses of the leading remedies employed in the treatment of the diseases discussed in the body of this work—it being rather a recapitulation of the treatment previously mentioned.

The anatomy, pathology, and illustrations employed and discussed are clear and explicit, rendering a study of the subjects treated especially instructive. This author has a thorough knowledge of the mat-

ter in hand, and also has the happy faculty of being able to put his knowledge in such shape that the earnest student can easily grasp the exact meaning intended, so that the diagnosis and treatment of the case in hand become easy and certain. Every one at all interested in knowledge along these lines, and who is not so interested, should possess this book, for in its special field it is what "Specific Medication" is to the general practitioner.

Mechanically it is all that the bookmaker's art could make it. The paper is good, the type is clear, and the illustrations are sharp and clear. It deserves great popularity. H. L. HENDERSON, M. D.

The need of a work prominently including the up-to-date Eclectic local and constitutional treatment of the abnormal conditions of the upper respiratory tract which frequently come under the observation of the general practitioner of medicine, has long been deemed an urgent one. This new work on the diseases of the nose, throat and ear, by Prof. Kent O. Foltz, M. D., just published by the Scudder Brothers Co., is therefore a most welcome and timely publication.

In the treatment of the diseases considered in this work systemic measures have heretofore been very much neglected, but Dr. Foltz regards such measures as essential to a rational treatment, and in his present excellent work gives full and clear directions for the successful treatment of many diseases which have been regarded by many other authors as incurable. The anatomy of the parts involved in the diseases discussed is given in plain and comprehensive language, and so presented by the author that the student will find the subject quite free from the "dryness" usually associated with anatomical descriptions. Nearly every subject is profusely illustrated in such a way as to make still more clear the already lucid text. The article entitled "Examination," in which full descriptions of the appliances needed, and minute directions for their employment are given, is of especial value to the general practitioner. The work is in every way a most excellent one, and it should be placed in the library of every progressive physician, regardless of his school of practice.

JOHN WM. FYFE, M. D.

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**Non-Surgical Treatise on Diseases of the Prostate Gland and Adnexa.** By Dr. Geo. W. Overall. Third edition. Rowe Publishing Co., Chicago. Price \$1.00.

This book presents to the profession the practical and concise summary of the non-surgical treatment of diseases of the indicated title, and will be of considerable value to the average practitioner and student in the line of medication, in that class of cases where the patient

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will not submit to surgical interference. The author also treats on the application of electricity in the treatment of chronic cases, of those that do not yield readily to indicated remedies.

L. E. R.

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**Before and After Surgical Operations.** A treatise on the preparation for and the care of the patient after operations. Including homeopathic therapeutics. Written with special reference to the needs of the general practitioner and the hospital interne. By D. T. Smith, M. D. Boericke & Tafel, Philadelphia. Cloth, \$1.33.

This work deals more with the aseptic management of the patient prior to operation, and later with medication following surgical operations. In many respects it differs from the average surgical work in regard to after treatment. In my opinion it is all right for a physician who wishes to appear as doing something for his patient after a surgical operation, but as a matter of fact, the least done is like the old adage of "least said soonest mended."

L. E. R.

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**Surgical Suggestions.** Practical Brevities in Surgical Diagnosis and Treatment. By W. M. Brickner, M. D. Duodecimo, 60 pages. Surgical Publishing Co., New York. Cloth, 50 cents.

This little book is most novel, not only on account of the many original terse and epigrammatic practical suggestions given, but its general appearance and attractive form. It contains 250 suggestions grouped under proper headings, and its contents are carefully indexed. While some of the articles are familiar to the practical surgeon, they are presented in a manner that will impress them on the reader's memory. The book is bound in heavy cloth, stamped in gold, and the text is printed upon India tint paper, with marginal headings in red. This book will be much appreciated by the general practitioner, not alone on account of the value of its contents, but as an artistic bit of book making.

L. E. R.

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**Examination of the Functions of the Intestines by Means of the Test-Diet.** By Dr. A. Schmidt, Dresden. Authorized Translation. Octavo, 91 pages, cloth, \$1.00. F. A. Davis Co., publishers, Philadelphia.

This is an exceedingly complicated subject, and the methods outlined are not well adapted for the general practitioner. If making a special study along this line, get the book.

J. L. P.

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Battle & Co., of St. Louis, Mo., announce the eleventh of the series of twelve illustrations of the Intestinal Parasites, which they will send free to physicians on request.



## COLLEGE AND SOCIETY NOTICES.

The regular quarterly meeting of the North-western Ohio Eclectic Medical Association was held at the Phoenix Inn, Findlay, October 9. The regular routine business was transacted in the morning, and at the afternoon session the President, Dr. Winn, read a very interesting paper on Nature's finest forces. Dr. Starner gave an interesting talk on Impactions of the Intestines, which was followed by considerable discussion. Several interesting clinics were presented. Discussions of a general nature followed on typhoid fever and heart remedies. Dr. Scudder was present as an invited guest of the Association. The following officers were elected to serve for the ensuing year: President, Dr. C. E. Stadler, West Cairo; Vice President, Dr. W. F. Lehr, Arlington; Secretary, Dr. P. D. Bixel, Pandora; Treasurer, Dr. J. J. Martin, Bucyrus. The next meeting will be held at Findlay; January 15

A bulletin of the Ohio State Eclectic Medical Association has been recently mailed to all members. This is issued by the Executive Committee, and contains announcements concerning the forty-second annual meeting, which will be held at Cleveland, May 7-9. Headquarters Hollenden Hotel. Three officers have been chosen for each of the ten sections, and progress is being made toward assuring a number of good papers. The Association has not met in Cleveland since 1879, nor in the territory of the North-east Society since the meeting at Youngstown in 1892. There were 125 in attendance at the State meeting in Columbus last May, and 70 of our members attended the National at Put-in-Bay. Can we not have an attendance of 200 at Cleveland in May? This would please our energetic President, Dr. Mock, who is making every endeavor to arrange for a large and successful meeting.

## PERSONALS.

**Married**—At Plainville, Ohio, Thursday, October 18, Dr. John King Scudder and Miss Alice T. Gerard. Dr. and Mrs. Scudder have gone to the Bermudas, and will return about November 20th, and will reside at the Ridgeway in Avondale.

**Married**—Sept. 25, Dr. Harry R. Werner, E. M. I.'06, and Miss Emily Dare Shillingburg. At home after Oct. 15, at Fishing Hawk, W. Va.

Dr. Samuel W. Bradstreet, E. M. I.'06, has passed the New York State Board, and is now located at 507 North street, Rochester, N. Y.

Dr. W. C. Tobey, E. M. I.'04, announces that he has opened offices in rooms 938 and 939 Reibold building, Dayton, O., for the general practice of medicine and surgery.

Dr. Ira N. Martin, E. M. I.'06, passed the Illinois State Medical Board, and is now located at Olney, Ill.

Dr. John R. Moore, E. M. I.'06, passed the Indiana Board with an average of 86.6, and is now located at 1509 Madison avenue, Anderson, Ind. He also secured certificates under reciprocity arrangements with Wisconsin and Illinois.

# MEDICAL BOOKS.

We have frequent inquiries concerning the latest Allopathic Text-Books on the several lines of practice, and we have compiled the following list :

## Skin Diseases.

Stelwagon—Octavo 1135 pages, finely illustrated, cloth.....\$6 00  
Hyde-Montgomery—Octavo, 938 pages, illustrated, cloth..... 4 50

## Diagnosis.

Musser—Octavo, 1213 pages, over 400 engravings. cloth..... 6 50  
Boston—Clinical Diagnosis—583 pages, cloth ..... 4 00  
Kintzing—Signs of Internal Disease—400 pages, finely illustrated, cloth.. 8 50  
Sheldon—Indications for Operations—400 pages, illustrated..... 4 00

## Diseases of Children.

Carr—Practice of Pediatrics—Octavo, 1014 pages, finely illustrated..... 6 00  
Fruhwald and Westcott—538 pages, cloth..... 4 50  
Filatov and Earle—One large volume, 839 pages..... 5 00

## Genito-Urinary Diseases.

R. W. Taylor—Octavo, 750 pages, nearly 200 plates, cloth..... 5 00

## Gynecology.

Bovee—Large octavo, about 1000 pages, illustrated handsomely..... 6 00  
Ashton—1079 pages, over 1000 line drawings, new edition, cloth..... 6 50  
Hirst—Diseases of Women—cloth..... 5 00

## Regular Materia Medica and Therapeutics.

Sollman's Pharmacology and Therapeutics—894 pages, cloth..... 4 00  
Cushny's Pharmacy and Therapeutics..... 8 75  
Hare's Practical Therapeutics..... 4 00  
Stevens' Materia Medica and Therapeutics..... 8 50

## Medical Jurisprudence.

Draper's Legal Medicine—1 large volume, 573 pages..... 4 00  
Hamilton's System of Legal Medicine, 2 volumes..... 10 00

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Church and Peterson—Octavo, 937 pages, cloth..... 5 00  
Dana—Mental and Nervous Diseases ..... 4 00

## Obstetrics.

Hirst's Text-Book—899 pages, fully illustrated, cloth..... 5 00  
Edgar's Obstetrics—1158 pages, many illustrations, cloth..... 6 00

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# Diseases of the Eye

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ogy, Rhinology and Laryngology, in  
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*A complete manual on the subject for the use of students and Practitioners. This is the first work on this subject which gives particular attention to the treatment of diseases of the eye by Eclectic medication.*

## BOOK REVIEWS

"The book is thoroughly practical."—*Medical Visitor*, Dec. 1900.

"It is up-to-date in every respect."—*Botanic Practitioner*, Jan. 1901.

"The first complete work on the subject by an Eclectic."—*Ga. E. M. J.*, Nov. 1900.

"He presents his several subjects in a very attractive manner."—*N. E. Med. Monthly*, March 1901.

"It is plain and concise, yet nothing is omitted except technicalities."—*Medical World*, Jan. 1901.

"Throughout the work one observes special attention to therapeutics."—*The Hahnemannian Monthly*, Jan. 1901.

"In this book the treatment of diseases of the eye by the Eclectic is given."—*The Homeopathic Recorder*, Dec. 1900.

"Direct and rational constitutional treatment recommended in connection with each subject considered."—*E. M. Gleaner*.

"The simplicity, brevity and accuracy commend this as a work of reference for the busy practitioner."—*Sanative Med. J.*, Jan. 1901.

"It is a quite satisfactory and up-to-date text-book on ophthalmology and is written in plain, concise language."—*Mercks Archives*, Dec. 1900.

"The description is succinct to a turn. Lastly, the treatment is correct—purely Eclectic and that means the best."—*S. W. Progressive*, Dec. 1900.

"It is a work that does credit to its author and publishers." \*\*\* "It is really and truly a great book and should be possessed by every Eclectic in the land." \*\*\* "We cannot too highly recommend this great work on diseases of the eye."—*Am. Med. Journal*, Dec. 1900.

"The chapters on purulent inflammations of the eye and on iritis are alone worth the price of the book." \*\*\* "It is thorough, nothing is omitted, it is a complete reference."—*Eclectic Medical Journal*, Dec. 1900.

"From a scientific and technical point of view this book is entitled to take rank with the best printed on the subject." \*\*\* "In no other work on the eye, to our knowledge, has so much attention been paid to internal medication."—*Charlotte Med. J.*, Dec. 1900.

"We find concise descriptions of the various medical and surgical affections to which the eye and its adjuncts are liable." \*\*\* "As an introduction to the study of diseases of the eye the volume will certainly prove of decided advantage."—*Medical Bulletin*, Mar. 1901.

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## READING NOTICES.

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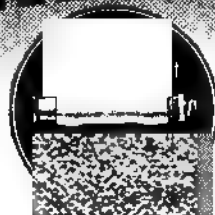
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## Original Communications.

### CERTAINTY IN MEDICINE AND THE SINGLE REMEDY.

By J. S. Niedekorn, M. D., Versailles, O.

I feel disposed to believe that the thoroughbred Eclectic does not prescribe many compounds; that the assertion that no single remedy can take the place of a compound is accepted with incredulity. I am also of the opinion that our position as distinct therapeutists must of necessity be a desperate one if we must recognize as a fact that compounds are indispensable for the alleviation of diseased conditions; the situation is a deplorable one if a single remedy must be shelved to make room for the vast amount of medical hodge-podge recommended by supposed Eclectics; we are in a pitiable and lamentable condition as direct medicationists if poly-pharmacy methods unquestionably must supersede the exhibition of single remedies in disease.

If the methods of the multi-combination professed Eclectic are correct, then I regret and rue the day I affiliated myself with the Eclectic system; but because I know from personal experience that his methods are mostly incorrect; that they are superannuated, to say the least; that they are not Eclectic in spirit, I am proud of having accepted the opportunity of associating myself with the modern and true Eclecticism, the object and motive of which is to explicitly teach and practice direct medication and its intimacy with diseased conditions.

I repudiate the proffered proposition that no single remedy can take the place of compounds, and that all physicians use them (the compounds) *as a rule*, and declare that most up-to-date and thoroughly qualified therapeutists have implicit confidence in their single remedies, and find little or no occasion to employ any of the quadruple or even septuple combination prescriptions dealt out to readers of medical journals by those who, to a nauseating extent, are continuously extolling the virtues of their therapeutic jumbles.

Simplicity, direct medication and the single remedy are the very backbone of modern Eclecticism, and to my mind there is nothing so well calculated to bring that into disrepute and so disparaging as the perpetual advocacy of medical conglomerates which emanate from supposed Eclectics, and are published in Eclectic journals.

The Odium of Eclecticism!—written about years ago. Does such practice contribute to its eradication? Does it not rather produce a pretty good imitation of a massage procedure? Have all the teachings of Eclectic colleges, so far as concerns therapeutics, been for naught, and do we have to accept as a fact that medical compounds are an absolute necessity for the alleviation and cure of disease? Is it wrong that we should entrust a single remedy to relieve the sick who appeal to us for aid and commit themselves to our care? Absolutely no, and again no!

The successful prescriber of drugs can not be induced to believe that certainty in medicine can be attained by any drug combination method, not only because he knows that such manner of procedure has its necessary accompanying impediments to positiveness, but also because he has learned what a remedy can and will do, and has long ago established therapeutic facts by administering remedies singly or in simple combination for specified conditions. He gets satisfactory results by simple means, and knows with what and under what circumstances he got them.

There are Eclectic physicians who assert that they have succeeded in effectually curing disease with a combination of remedies where single remedies absolutely failed to even relieve. And I know that simple single remedies have quickly cured cases where barrels of compound stuff had been swallowed without any desired result. Cases are relieved and cured every day with single remedies, and where the employment of two or more remedies would be absolutely superfluous. It must be admitted that there are instances where a combination of remedies are productive of admirable results; instances where one remedy proves a valuable adjunct to another; instances where several remedies are clearly indicated. It is not these that we oppose and are averse to particularly, but it is this habit of administering fixed prescriptions for most anything and everything — a combination of drugs for every ailment, that we unequivocally denounce as a direct means to actual medical retrogression, and if persisted in, will eventually lead to medical nihilism. These conclusions may seem very pessimistic, but they are what we believe, nevertheless.

Combination prescriptions do not enhance the therapeutic value of medicinal agents, and whatever else they do not do, they do cause

one to wonder to what extent the present-day therapist has fortified himself with absolute therapeutic facts — how much more certain is he of drug action and of therapeutic effect than was he who practiced medicine thirty or fifty years ago. In this connection let me quote an editorial from the *American Journal of Clinical Medicine*: “What certainty in any one particular means is scarcely comprehended. But just look over any article in which drug therapeutics is mentioned and note that the writer invariably suggests that we ‘try’ his remedy. Good heavens! Have we nothing that is sure in therapeutics after all these centuries? Are we to be eternally ‘trying’ things and never to really know a therapeutic fact? Surely we ought to be able in this day of enlightenment and science to know what a drug will do, and when its powers are required. Does not each succeeding generation add a certain store of therapeutic facts to those of the preceding centuries?”

I would say if it doesn't, it should; but it *does* — not by any of these half-hearted and uncertain fellows who are groping about in the shadows of ancient custom, and who never will be enlightened to real and scientific facts, because it seems they will not permit themselves to be deprived of their ingrained and antiquated habits; they are not the people who are “adding stores of therapeutic facts” to what has been learned by actual, diligent and definite research. The “trying” suggestion usually emanates from the dominant school, and, we are sorry to say, from half-hearted and weak-kneed Eclectics; trying must be their method because they haven't got to anything certain in medicine yet. Try this (and *this* is usually a prescription calling for from three to six ingredients) in pneumonia, dyspepsia, typhoid fever, etc. That's the most certain way I can conceive of to perpetuate *uncertainty* in therapeutics, and proves an everlasting impediment to medical progress.

If we preach specific medication, and practice poly-pharmacy, we are hypocrites, and have no right to expect any kindly and serious consideration from our critics; the more proficient we become with the use of each therapeutic agent, the more we know of the scope of action of each drug, what it can do, and under what conditions it will do it, the less use we will have for drug combinations, and the sooner we will have established medical truths and certainties. We have not yet reached that stage when all is known about medicine that will be known; indeed, both chemist and pharmacist, men who get down to the very root of the problem, and who are endeavoring to provide us with drugs of absolute purity, and uniform in constituency, declare that the medicine problem has not yet been solved as it will be.

The physician, the true therapist, who is continuously on the alert for precise therapeutic facts, strives for his purpose to employ only trustworthy medicinal agents, uses them for definite conditions and for a definite purpose, has no use for drug combinations because he does not need them; his habit of going into every detail has alienated him from drug coalition — he actually would not know when to use them.

Prescribing *at* symptoms and *for* pathological conditions are different propositions. Guesswork and fads are what put the Allopathic Materia Medica "on the bum," if you will pardon the expression. Don't guess — be exact; don't become inoculated with enticing fads, nor allow favorite prescriptions to be your only stock — your reputation and the welfare of your patient can't afford it.

I have been asked, "Do you always succeed with a single remedy — never have any failures?" Let me answer to the first No, and to the second Yes, and when I am defeated I pretty well know to what I can attribute my defeat. Eliminating natural causes, failure in exactly determining conditions, and my error in judgment in the selection of the proper corrective agent are the predominating causes. In other words — the fault is mine, and not that of the system. A recent experience will illustrate. A young man came for medicine for a cough. Two years ago he contracted a cold, and, so far as he knew and had been informed by the half dozen physicians whom he had consulted, the cough was the result of the cold; for he had been coughing since that time. Physical examination explained nothing definitely — the dry, irritable cough, worse at night, was the feature. Had taken all kinds of cough medicine; tonsils removed and uvula snipped off; used inhalants freely — all to no lasting effect. That the cough was a reflex condition, I believed; but of what! My first medicine was bryonia, with no results; next, hyoscyamus, and no results; then ipecac and bryonia, and again no results. Sanguinaria nitrate proved useless, but jaborandi relieved some; so did pulsatilla, but nothing satisfactory. Drosera cured within ten days.

I'd rather be called a "Scudderite" and *be* one than to be classed in with medical mugwumps and be *nothing*. What are the younger members of our school to believe if our colleges and textbooks teach specific medication, direct medication, simple medication, and medical journal contributors champion combination prescriptions and fling them about for anything and everything — medicine sample fashion? The young graduate in medicine, to his delight, is accepted as a member of a medical association. At a meeting of his society he displays a keen interest in the proceedings, and in the midst of a heated

discussion he hears a gray-haired medical man declare that the best remedy he knows of to cure a cough is "Ayres' Cherry Pectoral." Does such declaration encourage a further study of his *Materia Medica*? and would such announcement at the very threshold of his professional career stimulate him to take up the work begun by the fathers, and do his share in the promulgation of therapeutic facts? If he is not too disgusted he will readily see the necessity of going to the defense of those who are unceasingly striving to eliminate haphazard methods and to determine absolute therapeutic facts, for they want to build up, and not tear down; they want to fortify the science of medicine with absolute medical truths, and do it intelligently and scientifically. Simplicity is the safeguard of the successful medical man, and is one of the essentials of modern Eclecticism; the more of it we have and the more we can get, the sooner we will have reached the pinnacle of therapeutic truths. Be a man, or be a mouse.

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## KIDNEY REMEDIES.

By **Lyman Watkins, M. D., Cincinnati.**

We have a large number of drugs that are said to act on the kidneys, but, in fact, there are very few direct and reliable diuretics.

*Digitalis* increases general arterial tension and, incidentally, the flow of urine. The nitrites, usually given in the form of sweet spirits of nitre, augment blood pressure in the glomeruli, thus stimulating urinary secretion; while caffeine expends its energies upon the epithelium lining the uriniferous tubules. Here we have three remedies, each acting upon the kidneys and each influencing a different portion of the renal structure. The three may be combined if the conditions call for such a conjunction.

*Digitalis*, however, has a limited field as a diuretic. In general dropsy, with a weak, intermittent pulse, scanty urine and dyspnoea, this remedy may be carefully administered, and its effects watched for cumulative action. The infusion of *digitalis* is conceded to be the most reliable for internal use. The dose of specific *digitalis* is from one to three drops every three hours. *Digitalin*, 1-50 to 1-100, one or two granules every two hours, may act well at times.

Sweet spirits of nitre, by increasing blood pressure in the malpighian bodies, and thus acting directly within the kidneys, is, theoretically, an ideal diuretic, but practically does not always prove so; still, in ten to twenty-drop doses every few hours, this remedy will increase the flow of urine. It is a stimulating diuretic and may be given when

there is torpidity of the urinary organs, with suppression, when it will promote watery exudation, and is indicated when there is deficient urinary secretion.

Caffeine increases elimination of solid constituents by the kidneys through its direct action upon renal epithelium. It is therefore indicated when the urine is of low specific gravity, with a retention of urinary solids in the blood and tissues. These conditions are usually marked by drowsiness, feelings of heaviness, lethargy, and uremia. Caffeine is best given in the form of an effervescent salt, citrate of caffeine being the preparation most frequently used. The dose is a teaspoonful in a half glass of water, to be swallowed while effervescing.

There is probably no better remedy for the so-called uric-acidemia than piperazine. This drug, however, is seldom used and is still on trial, but will, in time, be given a permanent position in our *Materia Medica*. Piperazine is indicated when there is constant backache, dry skin, and scanty urine of high specific gravity. Such cases are frequently called rheumatism. This remedy diminishes the quantity of uric acid secreted, and counteracts the tendency to its formation in the body. The dose is from three to five grains, well diluted with water.

The kidneys are stimulated to action by buchu; but when this remedy is used, certain conditions must be present if results are obtained. These are over-acidity, frequent and scanty urination, and vesical irritation. Buchu may be administered in the form of a powder, infusion, fluid extract, specific medicine, or the alkaloid barosmin. Of these the most effective and also the most distasteful is the infusion. The specific medicine, in ten-drop doses, is also effective, while barosmin, 1-6 grain, is the most pleasant and agreeable preparation. When we desire quick results it is better to use the infusion, at first, after which the effects can be continued with one of the other more pleasant forms of the drug. The stomach does not resent buchu as it does some other renal remedies.

*Equisetum* is probably not so valuable as a diuretic as it is in cases of irritable bladder, where it removes a source of irritation by rendering the urine bland and soothing. We have found this remedy of value in males past middle life, with large mucous discharges from the bladder. The infusion is best, but good results can be obtained from the specific remedy.

*Eryngium* is another so-called diuretic which has very little diuretic action, but the remedy is one of our best agents for irritation



of the neck of the bladder, whether this arises from inflammation, gravel, gonorrhea, or non-specific urethritis. Eryngium is indicated by burning and itching in the urethra, with frequent micturition. It may be given with confidence in this condition, and the size of the dose gradually increased until results follow, which is always a good rule in specific medication.

Apis is a reliable drug, a most excellent diuretic and allayer of bladder irritation. It is also indicated when there is edema anywhere, but general dropsy is not so amenable to its action. Effusions into serous cavities, resulting from acute inflammatory conditions, are all favorably influenced by apis. This remedy is indicated when there is a tearing, teasing, stinging desire to urinate, and when the urine is hot and burning. Apis is soothing in these cases, and can be relied upon. The dose of specific apis should be small; we usually prescribe ten drops to four ounces of water. Dose, teaspoonful every two hours.

Hydrangea is a remedy that has undeservedly fallen into disuse, mostly because of over-laudation. This drug was at one time loudly heralded before the profession as a solvent for urinary calculi in kidney or bladder. A natural result of this extravagant and absurd exploitation was disappointment to both physician and patient. Hydrangea does not dissolve urinary calculi in renal organs or elsewhere, and has no more effect upon these concretions than so much water. Failure with hydrangea as a solvent led many earnest workers to the conclusion that the remedy was good for nothing. However, hydrangea is of considerable value in the treatment of renal troubles which exhibit a tendency to the formation of calculi. It removes the conditions which tend to calcular segregations, and changes the character of the urine so that they are not so liable to occur. Hydrangea is a soothing diuretic, and is especially indicated when there is general irritation of the urinary organs and a discharge of sandy urine.

Rhus aromatica will restrain excessive discharges of urine, polyuria. This remedy is one of our best agents in all cases attended with profuse urinary flow. It is not, however, an astringent, but a tonic, and exerts its influence upon the entire urinary tract. It is therefore useful in urinary incontinence, either in young or old, and is beneficial in hematuria, which it will control gradually and permanently. Rhus arom. has been recommended as a remedy in the treatment of gonorrhea, but we have never been able to obtain results from it in this trouble. While rhus is effective in diminishing the daily amount of urine in diabetes mellitus, it does not lessen the sugar average. The specific field for rhus arom. is when urine is passed in abnormally large quantities, and it is in those cases of incontinence from distension



of the bladder that it is effective. The dose of *rhus arom.* is about five drops, but the medicine should be pushed to effect even if given in teaspoonful doses. There is usually no intolerance of this drug in large doses.

Blatant and quackish claims for a remedy, unreasonable and absurd assertions, do more to discredit the *Materia Medica* with the public, and to create medical nihilists among physicians, than honest antagonism. Writers on *Materia Medica* appear to believe it an imperative duty to describe and give medicinal virtues to every weed in christendom, and some of these botanical flora are as worthless and inert, medicinally, as dog fennel in the barnyard. Until these authors have the courage to dispense with the "said to be goods" and the "have been used," and teach only that which is known to be true, we can not expect serious attention from the scientific world.

The term "diuretic" is generally understood to mean a remedy which increases the flow of urine, yet a good many drugs are described under that name which are not really diuretics, but act in some other manner upon the urinary organs. In this class may be mentioned *althea*, *uva ursi*, hair-cap moss, and others. Pure water is one of our best diuretics, and the supposed diuretic action of some drugs, given in infusion, is due to the large amount of water naturally taken with them.

The diuretic action of *althea* is probably due to the water with which it is taken, for the drug is not diuretic except in infusion. The specific medicine, fluid extract, solid extract and syrup, have no apparent effect upon urethra, bladder, ureter or kidneys, while the infusion acts about the same as an infusion of *ulmus*. *Althea* in infusion renders the urine soothing and emollient, and when taken in large quantities will aid in relieving the painful urination of cystitis. In the irritable bladder of old men, with retained and decomposing urine, one dram sodium benzoate added to each half pint of *althea* infusion will prove very comforting.

*Uva ursi* is another remedy which is of value only in infusion. It is not diuretic, but astringent and tonic, to relaxed urinary mucous membranes with excessive mucous discharges. This remedy will help in mucorrhea from the bladder, and is a good adjuvant in the treatment of cystic ulceration.

*Polytrichum* has been highly recommended as a diuretic in dropsical conditions, but in our experience this remedy is of no value when administered in the form of specific medicine or fluid extract. We have succeeded in slightly increasing the urinary flow with the infusion, but probably no more than was due to the additional amount of water taken.

This article is only a statement of actual facts from experience. Consequently there are a large number of remedies in the *Materia Medica* mentioned as diuretics which we have not found occasion to use or experiment with, and from personal knowledge can neither condemn nor endorse.

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## CHRONIC PERITONITIS.

By E. J. Farnum, M. D., Chicago, Ills.

[ Concluded from page 516. ]

The indurative and adhesive form of chronic peritonitis is of the greatest clinical interest. It may involve a large part of the abdomen, or be localized and limited to circumscribed areas. It may follow attacks of acute or sub-acute peritonitis. After the serous fluid absorbs, adhesions and cicatricial thickening of the peritoneum remain. This form occurs mostly in women, eighty per cent. showing it after death. (*Wenkel.*) If purulent adhesions form, they may follow acute attacks or be chronic from the start; sexual intercourse and labor the cause. If from gonorrhea, the gonococcus passes through the wall of the peritoneum, or through the Fallopian tubes, causing pyosalpinx or perisalpingitis. Menstruation may cause inflammation of the ovary from hemorrhage, with resulting peritonitis. Neoplasm may cause it, and various irritants may be carried to the peritoneum by way of the genital organs or intestines. It may start from the appendix, from old hernias and fecal accumulations. Near the hepatic and splenic flexions it is common. Here pressure is the cause. Gall-stones or fecal concretions may cause it in this way. The peritoneum may become adherent to itself from inflammation, set up by chronic intussusception and with a lesion of the bowel. There may be a constriction of the intestine, and a localized adhesive peritonitis be set up by it. An ulcer is generally the cause, but not always. Carcinoma may cause localized adhesive peritonitis as well as an ulcer of the stomach. Hypertrophic cirrhosis may cause it, while gastric ulcer is a frequent cause, and the liver and gall bladder is usually the starting point of the peritoneal adhesive inflammation. Peritoneal inflammation around the gall bladder may cause adhesions to the omentum, stomach, duodenum, colon, and abdominal wall. In these cases we usually have cholelithiasis. We may have a peritonitis with adhesions of opposing surfaces of the diaphragm and liver from pleuritis on the right side. As a sequel to chronic interstitial nephritis, we may have perihepatitis, or "iced liver," associated with a general chronic peritonitis. We may have pericarditis, pleurisy and chronic localized adhesive peritonitis associated together. In-leukæmia and pseudo-leukæmia some acute infectious dis-

eases and malaria, we may have a localized adhesive peritonitis around the spleen. In diseases of the kidneys, bladder and pancreas, we may have chronic peritonitis. Localized peritonitis may develop around new growths, tumors, the mesenteric glands, the source of infection being from the intestines. Fecal accumulation may cause obstruction at the sigmoid flexure, the result of thickening of the meso-sigmoid. A blow upon the abdomen may give rise to a local inflammation, and cause adhesions, and even intestinal obstruction; and these symptoms may arise long after the injury has been received. After acute appendicitis we may have adhesive inflammation of the lower aspect of the cæcum, and in other cases adhesions of the lateral aspect of the descending colon, because peristalsis here is not active as in the small intestines.

Adhesions are widespread in carcinomatous and tubercular peritonitis, and may obliterate the cavity. In those cases where the adhesions are not diffused, we may assume that the cause is not cancerous or tubercular, but we may have extensive adhesions in cases of traumatism or tumors of the peritoneum. This form of peritonitis may be dry from the start, or the fluid may have been absorbed. In the dry form the adhesions may be extensive, involving large portions of the peritoneum. We may have this form of peritonitis in the adult as the result of syphilis, but this is rare, while it is common in the fetus in utero, and is a cause of its death. In this form of chronic peritonitis we find various formations, as fissures, holes, bands, cords, connecting various organs to the intestines and the abdominal wall; or the intestines may be contracted, or may adhere to itself, or may produce a knuckle or band in the intestines, and so obstruct it. In this way a great variety of changes may be produced by the formation of adhesions. In chronic adhesive peritonitis the symptoms may not be marked. When the adhesions form around an ulcer or an abscess, the lesion may be beneficial; in other cases the adhesions may cause occlusion and stenosis of the bowel. This lesion may follow laparotomies and produce distressing symptoms, which may be mistaken for gall-stone, colic, cardialgia, or intestinal colic. It may also cause nervous symptoms, as hysteria, hypochondriasis, or neurasthenia. The cause being discovered, the treatment becomes more satisfactory. We should especially note the nervous symptoms caused by this form of peritonitis. This is especially the case where the organs involved are movable, as the intestines; or adhesions may involve the female organs of generation and produce very severe nervous symptoms. We may have strangulation of the intestines from adhesions, or the formation of bands or cords, and the symptoms be out of all proportion to the changes in the peritoneum. The intestines may be inclosed in the thickened peritoneum with few or slight

symptoms. While habitual constipation is not usually caused by peritonitis, it may result from it. Cancer may cause obstruction of the bowel. An injection of water and opium may restore the caliber of the bowel in case of volvulus of the sigmoid flexure or knuckling of the colon, cæcum, or sigmoid flexure from peritonitis of the mesentery. (*Reidel.*) In these cases there is constant pain in either side of the lower part of the abdomen; often immediately before an action of the bowels there may be violent pain in the left side with the evacuation of the feces. This condition may incapacitate for work on account of chronic constipation, pain on movement, etc. In cholelithiasis we frequently have adhesions which unite the gall bladder, colon, duodenum, or stomach with the abdominal wall. This condition may continue for years, and may be aggravated by eating, peristalsis, bending forward, jumping, lifting weights, etc. These attacks so resemble bilious colic as not to be diagnosed certainly. An exploratory operation reveals no gall-stones. Where there are adhesions of the gall bladder, we may have obstruction of the common duct or an intestinal obstruction. With the pain we are apt to have constipation, flatulence, or we may have compression of the portal vein. An ulcer of the stomach may start a peritonitis which may extend to the liver and cause similar symptoms. Where we have pain of a dragging nature, it may be relieved by an abdominal bandage.

Inflammation involving the peritoneal covering of the kidneys displaces and fixes them, producing symptoms like cardialgia, gall-stone, colic, etc., causing years of suffering. Any part of the abdomen is liable to be the seat of local adhesive peritonitis, the adhesions interfering with the motion of the organs, causing pain. Pain is common, and depends on the attachment of the adhesions, being more or less continuous, giving rise to symptoms as stated above. Taking of food may aggravate it, or emptying the gall bladder, or peristalsis. We may have thickening of the peritoneum in the region of the right kidney, which, by constricting the hepatic flexure, may appear like a floating kidney, or otherwise suggest a lesion of the kidney. In such cases an operation will relieve for a time, but it will come again from accumulations in the ascending colon or cæcum. The pain may sometimes be relieved by bending over, or it may be fixed or radiate. In some cases a tender point corresponds with the situation of the spontaneous pain; the pain may be so severe and continuous that life is made miserable and the patients clamor for an operation; further morbid nervous conditions, such as hypochondriasis, hysteria and general nervousness, often supervene and dominate the clinical picture to such an extent that the local manifestations in the abdomen are lost sight of. In some cases

we may be aided in the diagnosis by discovering a firm cord through the abdominal wall, and here an operation may give relief. (*Nothnagel.*)

All authorities agree that chronic peritonitis with adhesions and indurations can not be diagnosed with certainty, except in rare cases, sometimes only guessed at, and in others a correct diagnosis is impossible. The varied symptoms necessarily obscure the true nature of the lesion. Where we have symptoms like bilious colic, but with continuous tenderness on pressure, when the pain is increased by movement, by distension of the stomach and peristalsis, it is very probable that the wall of the gall bladder is inflamed and adherent to adjacent parts.

With a history of the injury, old hernias, perityphilitis, or a history of gastric ulcer, with pain in the stomach or upper part of the abdomen, but without symptoms characteristic of gastric ulcer, we may suspect adhesions as the cause. A fact not to be overlooked in making a diagnosis is that in chronic peritonitis pain may exist for years without loss of general strength. The reverse is the case in cancer and tuberculosis.

In these obscure cases we are warranted in making an exploratory laparotomy.

In making an examination, the patient should be on his back, and the legs be flexed and extended alternately, while pressure is tried, hard, soft, sudden, gradual, superficial and deep, with the fingers and hand, which will cause pain and localize the inflammation. By making deep pressure with the fingers and withdrawing them suddenly, pain may be felt, and the inflammation located that would not be detected by the ordinary palpation. In this way, also, exudations may be detected. (*Jacobi.*)

Cases of chronic peritonitis where the patient has been obliged to rest for a long time have recovered, as, in illustration, those cases which have passed through some operative procedure, or some ordeal compelling absolute rest. Hence it is a rule that the better care these patients take of themselves, the more likely they are to recover. They should select easily digested food, and keep the bowels regular with mild laxatives. Observation and experience go to show that cases of chronic peritonitis, in which the abdomen was opened some years after adhesions had formed, have recovered, the adhesions having disappeared. As a rule, rest is imperative. These patients get worse if subject to long periods of fatigue, worry, or are suffering from weakness caused by other co-existing diseases.

If the peritonitis is extensive, a cure is impossible. As a rule, treatment does little or no good in effecting absorption of the exudate. Mechanical support affords some relief of the pain. In view of these

facts, resort has been had to surgery, and brilliant results have been reported by this means. It is not to be inferred that surgery always cures. Unexpected conditions may occur, and a laparotomy may even set up adhesions where its aid was called to remove them. If, however, strict antiseptic precautions be taken, and peristalsis be favored by purgation after the operation, the formation of new adhesions may be prevented. An operation is often the only means of relief, and a patient is often restored to a useful existence by a surgical operation. An exploratory laparotomy will reveal the condition which can not otherwise be made out. After the abdomen is opened, adhesions may be removed which have caused years of suffering. A constricted intestine may have to be removed, or an operation performed that is dangerous. As this can not be determined before the abdomen is opened, the facts should be fully explained to the patient.

In those cases of perforation with resultant peritonitis, recent experience warrants the resort to laparotomy, if the general condition of the patient does not contra-indicate it.

In the treatment of tuberculous peritonitis, the preponderance of opinion is in favor of surgical measures, but this is not to exclude other means. When tubercular peritonitis is the prominent lesion, with or without fever, especially if there be a fluid or semi-fluid effusion, or if the tumor masses are seriously incommoding the patient, laparotomy, with removal of the tubercular focus, whether it be in the peritoneal glands, ovaries, or where it may, is the proper method of treatment. (*Berg.*)

Medical treatment may be resorted to in some cases with advantage. For gas, constipation and impaction of feces:  $\mathcal{R}$ .—Lac sulphur,  $\mathfrak{z}$  ss; carbonate of magnesia, powdered,  $\mathfrak{z}$  jss. M. S.—Dose: For impaction, a tablespoonful, in water, every two hours until the bowels move; for ordinary constipation, a teaspoonful to a tablespoonful taken each morning on rising.

Treatment to diminish nervous irritation and prevent unnatural peristalsis and accumulation of gas and feces in the bowels:  $\mathcal{R}$ .—Specific æsculus,  $\mathfrak{z}$  j.; specific dioscorea,  $\mathfrak{z}$  iij.; water, q. s. *ad.*  $\mathfrak{z}$  iv. M. S.—Dose, a teaspoonful four times a day. If there is found to be tenderness over the abdomen, add half an ounce of specific collinsonia to the above prescription. In addition to these remedies, other conditions may arise demanding special treatment.

Chronic peritonitis is a common disease in children, and is due, for the most part, to like causes as in the adult; and in the diagnosis and treatment we are governed by the same rules.



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**POTTS' FRACTURE—OPEN TREATMENT.**

**By W. B. Church, M. D., Cincinnati.**

Bone surgery, especially the branch of it dealing with fractures, has not made equal progress with surgery of other organs and tissues. The surgeon does not have the feeling of assurance, as to the condition and ultimate results, after adjusting a fracture that he enjoys after most other surgical procedures.

Closed fractures, apparently identical, may differ in many important particulars not easily discernible, that will entail entirely different results. The points of difference may consist of interposition of muscle, fascia, nerves, or blood vessels, between the fragments; or, especially when the fracture is near a joint, there may be rupture of ligaments and tendons, or separation of tendons from their bony attachments. Excessive effusion of serum from injury of the soft tissues, or concealed hemorrhage, are also possible complications that frequently disturb repair. There are so many possible lesions which are not revealed by any method of examination, including the X-ray, lesions that, left to chance, furnish a striking proportion of bad results that it seems surprising the profession has been so slow to avail itself of the open treatment.

These observations are particularly suggested by consideration of the lesions complicating Potts' fracture, or any fracture involving the ankle joint. The cause is usually indirect violence; the displacement of the foot outward, from slipping on the inside of the foot, or from a fall, and lighting upon the foot so that it is everted and abducted. The strain comes first and chiefly on the internal lateral ligament, which, in all severe cases, is either ruptured or, if it remains intact, the tension produces fracture of the tip or at the base of the internal malleolus. As the foot is displaced outward and everted, the astragalus is compressed against the inner aspect of the external malleolus with such force as to carry this bone outward until fracture of the shaft of the fibula occurs at its weakest point, about two or three inches above its lower extremity. The ankle joint is laid open, and

there is considerable hemorrhage into the tendon sheaths, which aggravates the swelling, masking still further the actual lesions existing, and rendering exact diagnosis and adjustment impossible. The X-ray, when available, will indicate the bone lesions, but throws no light on ruptured ligaments or separation of tendon attachments.

The more clearly one comprehends the nature and extent of the damage done, the better he will appreciate the difficulties in the way of adjustment and fixation of the fragments. Even when a good guess is made and the greatest care and skill are exercised in manipulating the oedematous and unwieldy limb, good results are the exception. Cases which pass muster as fairly successful undergo a tedious and painful convalescence. Swelling, tenderness, and impaired motion linger for months, with a varying degree of permanent disability. Only the milder forms, with comparatively little displacement, terminate thus favorably.

The more severe cases, in which displacement and deformity are marked, with more serious lesions, exhibit still more unsatisfactory results. If both internal and external lateral ligaments are ruptured, the adjustment may be so imperfect that one will unite with more or less cicatricial contraction and the other not at all. In this case gradual rotation of the foot on the leg, either in or out, a turning in or out of the toes, results in great disfigurement and impaired function.

Again, the upper end of the lower fragment of the fibula is displaced inward against the tibia. If this is not corrected, as often happens, because the broken ends get tangled in muscular and fibrous tissue, excess of callus will make permanent the increased breadth of the ankle joint, and the astragalus, not being normally supported in the widened mortise, the joint is ever after weak and unreliable. The remedy for such unfortunate results does not lie in increased skill or improved appliances.

The insuperable obstacles to a successful issue in these severe cases fully justify resort to open treatment. This gives the great advantage of ocular inspection, and enables the surgeon to remove extravasated blood, replace fragments, and fix them by such means as the case requires. It will often be practicable to secure fixation by suturing through periosteum and fascia with chromicised catgut. All ruptured ligaments will also be sutured, insuring their restoration and making them serve as a considerable support in retaining the fragments of bone in place. The limb can then be placed in a plaster splint, with every assurance of a happy outcome and a considerable shortening of the period of disability and convalescence. If everything goes well, the dressing will remain undisturbed for four weeks.



Simpler cases, with little deformity or displacement, can be safely left to the usual treatment for closed fracture. Adjustment is facilitated by flexing the knee to relieve tension of the muscles of the calf. The foot is placed at right angles to the leg, and, to provide against rotation of the foot on the leg, make sure that the patella, the internal malleolus, and inner border of the great toe are in line. Levi's perforated side splints will maintain the parts in apposition, as there will be little tendency to displacement. A dressing permitting easy removal, and early resort to massage. Practical recovery should ensue in four to five weeks, and permission given to use the limb in six weeks.

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### **SOME PRACTICAL CONSIDERATIONS ON THE HEART AND THE LIVER, AND THEIR REMEDIES.**

**By A. A. Ramseyer, M. D., Salt Lake City, Utah.**

The heart draws the blood into its four cavities by a sucking action, then drives it to the periphery of the body, thus mixing together the lymph and the blood and then distributing it to every organ for nutrition. But of still greater importance is the carrying of oxygen, which, however, can not be properly done unless the carbon dioxide is exchanged for oxygen in the lungs.

Professor Fleischl von Marxow, of Vienna, by actual experimentation, has found that the shaking or percussion of a fluid containing a gas in solution has the effect of loosening the combination of that gas with its menstruum, so that the gas, instead of remaining in atomic combination, is now combined in molecular form only with the fluid. This is a very important factor for the exhalation of the carbon dioxide in the lungs, since the carbon dioxide as free gas in the blood can be much more readily exchanged for oxygen in the lungs, both gases being free; if the carbon dioxide was still in chemical solution in the blood, instead of being free, the diffusion between the free oxygen and the dissolved carbon dioxide would take much more time.

But this shaking or percussion of the blood acts upon the arterial blood as well as upon the venous. When the venous blood has circulated through the lungs and exchanged its carbon dioxide for oxygen, it returns to the left heart, where it gets a violent shaking, which has the effect of loosening the chemical combination of the oxygen with the haemoglobin; the arterial blood is now merely a mixture of plasma and oxygen in molecular form, instead of being in chemical combination; and as the arterial blood is driven into the periphery by the action of the heart, its oxygen is readily allowed to escape for the use of the

tissues of the body. Hence, the powerful contraction of the heart has two very important effects, besides the driving of the blood into the lungs and into the periphery, viz., the percussion or shaking of the blood frees the carbon dioxide gas of the venous blood and the oxygen of the arterial blood from their chemical combination with the blood cells, whereby these two gases, being free in the blood plasma, are readily exhaled in the lungs (carbon dioxide) and taken up by the tissues (oxygen).

The practical bearing of these theoretical considerations is evident. A vigorous heart stroke is of first importance in disease, since a slow, feeble heart stroke means an increasing accumulation of carbon dioxide in the blood and an imperfect oxygenation of the blood in the lungs.

When the pulse becomes feeble, intermittent, or irregular, the first heart sound feeble or extinct, when there is pallor, coldness of the surface, oedema of the extremities, and a tendency to faint upon exertion, or even in a state of repose, says Stokes (Diseases of the Heart and of the Aorta), then the use of stimulants is imperatively called for. While, on the other hand, "the return of the impulse and of the first sound, under the use of stimulants, justifies a good prognosis, more especially if the rate of the pulse is falling; and conversely we find that the existence of an excited state of the heart, with a strong impulse, and clear and proportionate sounds, indicates danger, and the more so if the pulse be weak and rapid, and that its rate increases, rather than diminishes, under the use of stimulants."

Wine, a natural stimulant, has been used with signal benefit by Dr. Stokes, from whose book I take the two following cases, leaving out unimportant details:

"Mr. Hickey, age 30, is admitted into hospital on July 15, having had (typhoid) fever for six days. Countenance flushed, eyes suffused; maculae abundant; tongue covered with a dirty brown fur; great abdominal tenderness; lungs clear of disease; *impulse of heart not perceptible*; both sounds audible, but the second distinctly preponderates; pulse 124; respiration easy and natural.

"July 16. Slept well; bowels regular; tongue thickly coated and dry; convulsive respiration; skin pale and very clammy. Impulse of the heart quite imperceptible; *to the right of the left nipple the second sound alone is audible*; pulse 120, rather feeble. Wine, 12 oz.; blister over the heart; beef tea.

"17. Slept pretty well; respirations 28, interrupted by frequent sighing. He got, yesterday, 20 oz. of wine and a little brandy. The impulse is felt at the apex, but the sounds are by no means in propor-

tion to its vigor; they resemble those of the foetal heart; between the fifth and sixth ribs the sounds are barely audible. Wine, 24 oz.; two glasses of brandy; blister to the scalp.

" 18. Very restless; has not slept; countenance collapsed and pale; maculae very livid; respirations 32. The systolic sounds of the heart are very feeble, indeed almost inaudible, the second is loud and clear; the impulse can only be felt by pressing on the intercostal spaces. Wine, 24 oz.; poultices to the abdomen.

" 19. Skin cooler and moist; tongue cleaner; pulse 116; impulse of the heart the same as yesterday, the first sound is wholly absent, the second is distinct. Wine, 24 oz.; blister and poultice to the epigastrium.

" 20. The countenance has lost the peculiar typhoid expression; the petechiae are fading. Impulse of the heart quite imperceptible; the first sound is just audible; pulse 96. Wine, 18 oz.

" 21. Breathing much easier. He is quite sensible. Pulse 80, and of good character; the sounds at the upper portion of the chest are proportionate, but feeble; at the apex and nearer the ensiform cartilage the second sound still predominates. Wine, 12 oz.

" 23. Countenance more animated; skin cool; maculae almost gone; passes large quantities of pale-colored urine. Pulse 76; impulse of heart perceptible; sounds proportionate. Wine, 6 oz.

" Discharged in a few days; pulse 60.

" This case was one of extreme interest, the severity of the symptoms, the quantity of stimulants used, and the remarkable modification of the heart's sounds, all combined to render the patient an object of the greatest attention.

" The diminution of the first sound of the heart was the circumstance which led to the exhibition of stimulants boldly, at an early period of the case. We observed that on the seventh day the impulse was imperceptible, and the first sound was diminished. On the eighth the first sound had disappeared, and although the other symptoms did not seem to call for active stimulation, we ordered wine in free doses from this indication alone, and the result justified the treatment. Here was a case of a young man of good constitution, in which, from studying the action of the heart, we were able to anticipate the symptoms of general prostration, and by the early use of wine to prevent the fatal result which, it is almost certain, would otherwise have occurred.

" The order of succession of the cardiac phenomena in this case was peculiar. We had —

" 1. The early subsidence of the first sound.

" 2. Both sounds audible, but with the foetal character.

- " 3. Predominance ~~of the~~ second sound.  
 " 4. Complete absence of the ~~first~~ sound.  
 " 5. Impulse imperceptible, with ~~returning~~ first sound.  
 " 6. The sounds at the base of the heart proportionate, while at the apex the second predominated.  
 " 7. The sounds natural.

" The pulse, too, presented some interesting points for consideration. Within a period of twenty days its rate was as follows:

|                       |     |                        |    |
|-----------------------|-----|------------------------|----|
| 7th day of fever..... | 124 | 15th day of fever..... | 76 |
| 8th " " .....         | 120 | 17th " " .....         | 60 |
| 11th " " .....        | 116 | 18th " " .....         | 50 |
| 12th " " .....        | 96  | 22d " " .....          | 32 |
| 13th " " .....        | 80  | 27th " " .....         | 56 |

" In a few days it rose to 60.

" In the following case, although many circumstances seemed to contra-indicate wine, we were led to its exhibition almost wholly from observing the phenomena of the heart.

" A man, age 24, of strong, muscular development, was admitted on the 25th of March, having been then nine days ill (of typhoid fever); he was in a state of great stupor and prostration; decubitus on the back; skin hot, dry, and covered with small, livid petechiae; tongue fissured, brown, and parched; had great thirst, and suffered much pain from pressure on the epigastrium; respirations 40; pulse 120, small and weak; *the heart's impulse almost imperceptible, and the first sound so feeble as to be inaudible to the left of the mamma*, but it could be distinguished between the mamma and the sternum. Ten leeches were ordered to the epigastrium; artificial heat was applied to the extremities, and eight ounces of wine were administered.

" 26. Slept well; countenance more livid; thirst insatiable; extremities perfectly livid and cold. Pulse 116, small and weak; impulse of heart quite imperceptible. The sounds are exceedingly feeble and are almost inaudible below and to the left of the mamma, so that it is very difficult to distinguish between the first and second sounds, which, as it were, run one into the other; between the mamma and sternum they are stronger, and better defined; the second is much clearer than the first. Wine, 16 oz.

" 27. Continued raving; involuntary evacuation; countenance improved; extremities cold and livid. Pulse 92, small, but distinctly stronger, and perfectly regular; the action of the heart can be seen between the fifth and sixth ribs, but can scarcely be felt; sounds of the left side remain as yesterday, those of the right are more distinct. Repeat the wine.

" 28. Continued low muttering delirium; great prostration; involuntary passage of urine; extremities very cold, notwithstanding the use of artificial warmth; petechiae livid; respiration 24; intelligence improved. Pulse 84; impulse less perceptible, but the first sound has more vigor. Wine, 16 oz.; musk, camphor, and ammonia mixture.

" 29. Great improvement; extremities warm; petechiae of a red color; tongue cleaning; slept well; respirations 20. Pulse 84, firmer and steadier; when he lies on the left side the impulse of the heart is very perceptible, when on the back it is less so, but more evident to the touch than on yesterday; sounds increased in strength and distinctness. Wine, 12 oz.; omit the mixture; to have beef tea.

" 30. Improvement continues; tongue still brown. Pulse 72, fuller and stronger; impulse of the heart as before, but the sounds have improved in strength. Wine, 8 oz.

" April 1. Convalescent. Pulse 72, full and compressible; heart's sounds distinct and natural. Wine, 4 oz.; beef tea and chicken broth.

" In this case we simultaneously leached the epigastrium and commenced the exhibition of wine; the tenderness was diminished, but the thirst continued insatiable, and on the following day we did not hesitate to double the quantity of wine — a practice to which we were led mainly by the increasing debility of the heart and the development of the foetal character of the sounds.

" We have here a good example of the effects of the wine in reducing the rate of the pulse, which on the tenth day of the fever and the third of the use of the wine fell from 116 to 92. At the same time the impulse, which had been wholly absent, became perceptible and the sounds at the right began to be restored. It may be stated that where the systolic (or first) sound has been everywhere absent, its re-establishment will first be detected at the right side of the heart. The order of phenomena, in such cases, is as follows:

" 1. Diminution of the systolic (first) sound over the left ventricle.

" 2. Diminution of the same over the right ventricle.

" 3. Cessation over the left.

" 4. Cessation over the right.

" 5. Return of the systolic sound over the right.

" 6. Return of the sound over the left ventricle.

" In the progressive failure of the impulse, in the diminution and extinction of the systolic sound, — in that condition of the heart in which its sounds resemble those of the foetus in utero, we have distinct and easily ascertainable indications for the use of wine, and an assurance that, in most cases, the remedy will be successful.

“ But, further, there is reason to believe that the more prominent and dangerous symptoms of adynamia in typhus are often, as it were, foreshadowed by the early appearance of physical signs of a weakened and softened ventricle, and hence, by the timely observation of the heart's action, we can anticipate the general prostration, by freely resorting to wine even when the pulse is strong, the thirst urgent, the skin hot, and the maculae of a vivid red color. Here wine becomes the sheet-anchor of treatment. And there is nothing more singular than the power which is given to the patient of bearing large quantities of diffusible stimuli without experiencing any of those effects on the nervous system that are produced in a state of health, when an unusual quantity of wine is taken.”

So much on the use of wine for the treatment of the venous blood crisis, resulting from imperfect oxygenation of the blood when the impulse of the heart is deficient in strength. Dr. Geigel used with great success tannin, quinine and iron, remedies which strengthen the muscular fibre of the heart, together with mineral and vegetable acids, which are rich in oxygen, the very thing the blood needs. Of this we shall speak later.

But the most important organ to bring about a change in the venous dyscrasia is the liver. By the free use of calomel, rhubarb, taraxacum, and other cholagogues, the liver action is excited, more bile, consequently more carbon is excreted; from the liver the blood is pumped through the heart into the lungs in a better condition to be oxygenated. This depurating action of the liver is of the greatest importance in the treatment of pneumonia. It gives the true reason why the liver is the cause of a large proportion of the diseases which afflict and destroy human life. As it is an organ of digestion and an organ of excretion, it thus exercises an important influence over health and disease.

“ The veins which return the blood from the digestive organs, the stomach, the intestines, and the mesentery, together with the veins of the spleen, the omentum and the pancreas, instead of pursuing a direct course to the right side of the heart in order to transmit their contents by the shortest route to the lungs, as is the case with all the other veins of the body, unite together and form a large trunk, termed the vena portae, which enters the liver and ramifies through it in the manner of an artery. The bile is secreted from the venous blood contained in this vessel by its capillary branches spread out on the walls of the biliary ducts, the only known instance in the human body in which a secretion is formed from venous blood by venous capillaries.

“ The excrementitious matter eliminated from the blood by the



liver is contained in its peculiar secretion, the bile. The bile consists of two portions, an assimilative part which combines chemically with the chyle, purifying and exalting its nature, and an excrementitious part which combines with the residue of the aliment.

“The excrementitious part of the bile contains a large proportion of carbon and hydrogen. Carbon and hydrogen abound in venous blood; venous blood in large quantity is sent to the liver to afford the materials for the secretion of bile; consequently, the more copious the secretion of bile the greater the quantity of carbon and hydrogen abstracted from venous blood. It follows that, by this elimination of carbon and hydrogen from the blood, the liver is auxiliary, as an organ of excretion, to the skin and the lungs.

“But it is well worthy of remark that, although the liver at all times assists the skin and the lungs in carrying on the process of excretion, it does this most especially under circumstances which necessarily enfeeble the action of the cutaneous and pulmonary organs.” (Dr. Southwood Smith, *The Philosophy of Health*.)

In pneumonia and other diseases of the lungs, when the lungs can not carry off the requisite quantity of carbon, the liver, taking on an increased action, under the stimulation of cholagogues (calomel, rhubarb, taraxacum, etc.), secretes an extraordinary quantity of bile. In this manner the superfluous carbon, instead of being removed in the ordinary mode by the pulmonary artery through the lungs, under the form of carbonic acid gas, is excreted by the vena portae, through the liver, under the form of bile.

Hence the great utility of calomel and other cholagogues in the treatment of pneumonia, whooping cough and other diseases. That experienced physician of olden times, Huxham, easily cured the whooping cough, the *opprobrium medicum*, with calomel, rheum and china. Dr. Geigel cured it in from five to eight days with tannin, citric acid, lemonade, and calomel when there was constipation.

In typhus, typhoid fever, and other diseases, the superabundance of the bile, kept in the system, is very injurious, and it ought to be carried off by vomiting or by purging. Huxham gives us his experience in the following passage, which I translate from the Latin:

“The bile is, no doubt, the main cause of all putrid, malignant and petechial fevers. In all those who died of the pestilential diseases, the gall bladder, the biliary duct, the stomach and the duodenum were always found filled with black and green bile. If this putrid bile is not thrown off, it putrefies more and more, and causes great anxiety, sickness and pain of the stomach, and when absorbed and brought in the blood, it brings about an infinity of ills, greatly irritates the nervous

system, destroys the blood crasis [*i. e.*, the venous blood can not get rid of its carbon], and transforms the lymph in a corrosive ichor. Hence, when we learn by these signs that there is a superabundance of bile, it is necessary to get rid of it without delay, either by vomiting or by purging, according to the indications of nature. I have sometimes seen the greatest change for the best in these putrid fevers soon after the patient had vomited or had had a passage or two; he felt wonderfully alleviated, when before he suffered from an incredible anxiety, sensation of weight in the epigastrium, continual nausea, eructations and hiccough. A tongue heavily coated, nausea and a sensation of weight at the stomach with a bitter, nauseous taste, an extremely fetid, disagreeable breath and eructations indicate the condition of the stomach; and if the stools are black, and bilious, and extremely fetid, they show the necessity and the utility of this evacuation. If some poison was lodged in the stomach or in the intestines, we would not doubt for a moment of the necessity of expelling it as soon as possible; now putrid bile is no less pernicious than poison itself."

Of late this subject has been brought again to the notice of medical students under the name of toxins. For instance, *Abrams*, "Man and His Poisons," and Professor *Bouchard* (of Paris), "Lectures on Auto-Intoxication in Disease, or Self-Poisoning of the Individual."

In order to render the blood more arterial, Dr. Geigel recommends in typhoid fever ablutions with diluted vinegar or aqua regia, and plenty of fresh air. Red wine, apple cider, lemonade with calomel, rhubarb and tannin were about all the remedies used by him to transform the venous blood crasis into the normal one.

To close, I will here give some remarks of Rademacher on the use of the mineral acids. They are, he says, very closely related to iron. About 1795 or 1796, he was called to treat a young man who was affected with petechial fever. The patient had a high fever, was covered with large, black petechiae, and blood was constantly trickling from his nose. As he was poor and could not afford costly drugs, Rademacher merely prescribed sulphuric acid, which he was to drink at pleasure. But the nose-bleed rather increased. Prompt help was here necessary. Rademacher mixed one ounce of *acid sulph. dilutum* with just enough water, so as not to burn the oesophagus of the patient. The sick man was ordered to drink this potion all at once. As he drank it, he cried aloud, a portion of it returned, but the bleeding stopped. This medicine was taken some time longer, about half an ounce of undiluted sulphuric acid being used daily, and the young man recovered in one-third of the time required for those who received the regular orthodox treatment. The petechiae were all black and purple, never red.



Rademacher treated not a few patients during that epidemic, and cured them with sulphuric acid, giving half an ounce of the undiluted acid per diem. On the fourth day, sometimes on the third day, diarrhea would set in, the feces having a dark green color; and although the first alvine evacuations may have been very fetid, as is generally the case with these fevers, they soon became almost odorless. As soon as this happened it was time to reduce the dose of sulphuric acid to one half, or, if the diarrhea was profuse, to one quarter of an ounce. Generally the patients had already contracted an aversion to the acid, and were glad to take it in smaller quantities. In the meantime the fever diminished from day to day; the small purple blotches gradually disappeared, the small black ones first turned purple, and then disappeared, but it took longer for the large black ones. If the patients could not stand the acid, but had to vomit it, they took every hour or two a spoonful of brandy along with the acid.

Some time after this epidemic Rademacher met a physician who had been surgeon in the British army, in the Island of Wight. This surgeon had observed an epidemic of contagious fever with petechiae and hemorrhages which broke out among the soldiers, some of whom died, and some recovered after a protracted illness. Instead of following the routine treatment, this doctor was led to give up all drug treatment in his division, giving his patients sulphuric acid diluted with water, and from time to time as restorative a glass of port wine. He soon perceived that this simple treatment did them good; he increased the dose and—finds the right remedy. He lost no more patients; on the contrary, they recovered in a short time without bad sequels, and his method of treatment was soon imitated by the other surgeons. Rademacher asked him whether the good effects of this treatment were not to be ascribed to the port wine, upon which he answered that it could not be so, as the wine had been given before, when the weakness made it necessary, but no such good effects were observed, as when it was given along with the diluted sulphuric acid.

Geigel is of the opinion that mineral acids, being rich in oxygen, give it up to the tissues, when carried in the circulation, thus making up for any deficiency of oxygen resulting from imperfect oxygenation of the blood in the lungs.

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When pruritus ani is caused by a local eczema it is well to remember that the latter may be seborrheal in origin. In such cases other areas of the disease, as on the chest and, especially, the scalp, should be sought for; they will require attention also, in order to effect a cure.

*American Journal of Surgery.*

# A CASE IN PRACTICE.

By E. R. Gamble, M. D., Coshecton, O.

August 19, Mrs. D. came into my office with a very severe pain in her left arm, beginning in the end of the index finger and extending to the shoulder. The pain was so intense that the patient had not slept any for forty-eight hours. Upon examination I found a whitened area, about as large as a three-cent piece, just back of the finger nail, no pus, no abrasion of the skin, very tender on pressure, and a throbbing pain.

*Diagnosis.*—Paronychia, or, as it is known by the laity, a felon.

*Treatment.*—Bandaged the finger with three thicknesses of soft bandage, and gave the patient  $\frac{3}{4}$  ij of dynamyne, and instructed her to keep the bandage saturated with it continually. I saw the patient twelve hours afterward, and the pain had entirely disappeared, leaving only a slight stinging sensation in the finger, which disappeared in a few hours more.

Lloyd's preparation of dynamyne will abort any case of paronychia if used full strength before pus has formed. If pus has formed, the finger must be lanced to the bone, and the sooner the better.

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## Seton Hospital Reports.

PROF. L. E. RUSSELL, SURGEON.

CASE 107. — Dr. Hollingsworth, of Creston, Ohio, presented to the clinic a little boy five years of age, with a scrotal hernia of the congenital type. The peritoneum and intestine entering the scrotum *enmassed* with the left testicle.

On examination of this case we find an opening in the inguinal canal large enough to insert index and middle finger into the abdominal cavity. I think, in all this type of hernia, that early surgical interference should be commended by the family physician, as it is quite impossible to hold the protruding mass with any mechanical device, with a promise of eventual recovery.

The patient, properly prepared for the operation, was soon anesthetized.

It has been my custom to make a liberal incision, about two inches long, over the line of the inguinal canal, and, after reducing the hernia, by pushing the sack up out of the scrotum into the wound, open and liberate the intestine, which is returned within the abdominal cavity, together with the sac.

We now lift up the two sharp tendons that form the ring, and,

with a silk suture, close and approximate the edges. We now apply the virgin silver wire with an over-and-over suture, and return with a back stitch to place of beginning, and complete the operation on the inguinal canal by twisting the ends of wire and turning the severed ends upon the main wire, there to become encysted. The silk suture used as an approximating suture is now removed, as it will not kindly encyst, and the silver wire answers admirably and for the better way of a safe closing of the inguinal canal.

I wish to call attention to the constricted and adherent prepuce, and say that this condition is responsible for a majority of all inguinal hernia in children. The constant straining in the act of urinating is quite sufficient to help bring about the rupture in the tender tissues of the infant.

If you can not persuade the parents to submit these cases to circumcision, you can at least do the next best thing by the bloodless method, which is quite effectual and can be accomplished with a haemostat.

You force back the prepuce as much as possible, and then insert the closed haemostat, and gradually open the handles, and thus dilate the foreskin, not unlike dilating the uterine cervix with a dilater. You must follow up the dilation with a retraction and dissection of the adherent prepuce beyond the corona glandis, and washing away of the imprisoned smegma.

I say to you here and now, that you do not render your full duty to the child and family if you let a young child grow up in your practice without a proper correction of this condition, so fruitful for pelvic reflex lesions.

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When performing external urethrotomy without a guide it is often possible to trace the continuation of the urethra proximal to the opening by means of a filiform bougie, even when all devices failed to secure the introduction of a filiform before the operation. If a filiform can not be thus passed through the urethral wound, suprapubic pressure on the bladder may demonstrate the location of the urethral orifice by the escape of a drop of urine or by bulging of the membranous urethra.

In crying infants it is extremely difficult to determine the presence, and location, of tender areas. This may be readily accomplished by the administration of chloroform to the extent of primary narcosis. The physical examination then becomes very easy, and when a tender spot is handled it will be announced at once by lively reflexes.

**Monthly Retrospect**  
—OF—  
**ECLECTIC MATERIA MEDICA AND THERAPEUTICS.**

BY HARVEY WICKES FELTER, M. D.

ACHILLEA MILLEFOLIUM.—Dr. C. Edwin Miles, the veteran Eclectic, of Boston, Mass., and ex-President of the National Eclectic Medical Association, writes a good paper on "Yarrow," in the *Journal of Therapeutics and Dietetics* for November, 1906. After reviewing the uses as given in various authoritative publications of all schools, he gives illustrative cases of its action as observed by him in his own practice. Notwithstanding that the older authorities quoted by him mention the value of the agent in a number of conditions which may be summed up in the phrase — a remedy for excessive discharges from mucous membranes and for passive hemorrhage, and that newer uses as a diaphoretic have been noted, this agent has been employed but little in recent years. His cases go to show its value in uterine hemorrhage and in other conditions of the female generative organs. His first case was that of a plethoric woman of 45 years, a hard worker, but of well-ordered life. She had suffered two years from extreme menorrhagia and metrorrhagia. The uterus was hypertrophied, and the vaginal walls were lax and prolapsed. A good fluid extract in 20-drop doses was advised during the intervals between periods of menstruation, and more freely when menstruating. She took the remedy two years, with complete recovery. Another plethoric woman of 44 years had been menstruating irregularly for two years, and each menstrual period would last from 6 to 12 days with profuse discharge. Ergot, gallic acid, and similar drugs, as well as homeopathic treatment failed. She was promptly relieved at the time of menstruation by 20 drops of the achillea repeated every three hours, gradually extending the periods of administration. Six weeks' treatment, with 15-drop doses three times a day, placed her where she menstruated but four times in a year, and only once could the flow be said to have been excessive.

The third case was that of a younger woman, 32 years, not strong, who habitually menstruated 6 to 8 days. Shortly after a confinement profuse menstruation set in, with great flaccidity of the uterus and leucorrhoea. Treatment as with the preceding case, except that douches were also employed during the intermenstrual period, gave relief after three months. Case 4, single, houseworker, 4 years of profuse and long-continued menstruation, with leucorrhoea. Hot douches, containing glycerole of tannin, were employed during intervals between menstruation. Fifteen drops, afterward increased to 25

drops of the fluid extract, four times a day, cured her in four months.

Other equally interesting cases are reported, and one in particular, well illustrating the action of the remedy in that condition known as "areolar hyperplasia of the uterus." Here curettage would probably have brought quicker results, but it was objected to by the patient. The conservative treatment with the achillea gradually cured her. Dr. Miles' reports are all confirmatory of the testimony long ago offered by the older Eclectic therapeutists, and the drug should be given thorough trials in selected cases. Of the direct use of this remedy Dr. Miles says: "From the results which I have observed from the use of *Achillea millefolium*, I have the opinion that it is especially indicated in those menorrhagias, metrorrhagias, leucorrhoeas, and malpositions of the uterine organs, where there is lack of tenacity of the muscular fiber of those parts, producing flaccidity of the uterus. Hence its utility in the hemorrhages of approaching menopause, after parturition, abortion, miscarriage, and the debility complicating and following these conditions." . . . . "I would make two suggestions regarding the use of *Achillea millefolium*, viz.: The increase of the dosage in severe cases, and in some cases of hemorrhage the addition of fluid extract of *hydrastis canadensis*. I usually prescribe one ounce of the *hydrastis* and three ounces of the *Achillea*. The dosage is the same as when the *achillea* is used alone."

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CAPSICUM.—Dr. Lillian G. Bullock (*Journal of Therapeutics and Dietetics*, November, 1906) extols a remedy, the more extensive use of which we have frequently urged. For low conditions, with lack of buccal and intestinal secretions, it is one of the best agents in the materia medica. Dr. Bullock's experience in the treatment of nervous diseases amply justifies her commendation of this remedy, of which she writes:

"In the fruit of *capsicum fastigiatum* we have 'a pure, energetic, permanent stimulant.' Think for a moment of this description of drug action, and then tell me why you do not more often make use of *capsicum* in your practice. Why you do not teach to the laity its use, instead of so much whisky and brandy, which are no more 'energetic,' and which are not 'permanent' in their action, a very important item to remember.

"We can recommend *capsicum* as an absolutely safe stimulant, one which will never lead to drug habit. Indeed, it is one of the best weapons in our hands for combating alcoholism, that terrible curse to humanity. The medical profession is often blamed for recommending alcoholics to their patients. Here is a remedy that can safely stand in

any medicine closet; it will never start a human being on the drunkard's career.

"There is nothing better for a hot drink to break up a cold and start the desired perspiration, to 'warm up' a person suffering with a chill, or to relieve cramps in the stomach and bowels. The common household remedy for each of these conditions is whisky or gin.

"I am not a fanatic against the use of alcohol, but there are many cases where its use is not wise or expedient, and there are very few cases where capsicum can not be used. I have been in homes where alcoholics are forbidden, and the only stimulant available was peppermint or checker-berry, and I have recommended a bottle of the tincture of capsicum as a valuable friend in time of need.

"There are very many preparations sold over drug-store counters, and recommended as panaceas for all the aches and pains that flesh is heir to, which are in common use in the homes. For these we should substitute either the plain tincture of capsicum, or the compound tincture of myrrh and capsicum, the old No. 6 of the Thomsonians.

"But it is not simply as a home remedy that I plead for capsicum; it should often be in the hands of the physician. It improves the appetite and digestive power, hence is a good remedy in atonic dyspepsia. In flatulence from indigestion it causes the bowels to contract and expel the gas. It is very valuable in the atonic dyspepsia of alcohol habitués, and in these patients will relieve the craving for liquor, and is recommended as the very best agent in the materia medica for delirium tremens.

"It is valuable in tonsillitis if employed early. Gargle the throat with an infusion of capsicum, and in many cases it will abort the inflammation. Also in atonic conditions of the upper throat it is a valuable agent.

"A mixture of capsicum, lobelia, and some good nervine makes one of the best and speediest sudorifics to be found, one which I frequently use to relieve acute congestions and inflammations in any part of the body. This is a modification of the 'stimulating tea' of the Thomsonians which was so successful in aborting disease.

"Used locally, capsicum is an agent of great value, producing an active rubefacient effect without vesication. It is the active principle of the majority of the stimulating liniments used for the relief of pain. A little oleo resin of capsicum spread on common adhesive plaster makes one of the best pain plasters imaginable. The plaster will be pretty hot for a time, but you can assure the patient that it will not blister, and should be left in place for three or four days. This simple agent in my hands has produced most gratifying results. Patients



return repeatedly for one of my pain plasters, preferring them to any plaster they can buy in the drug stores.

"A cloth wet in alcohol and plentifully sprinkled with cayenne pepper is superior to a mustard paste; it produces an energetic counter-irritation but never blisters. Powdered capsicum sprinkled in the stickings was a favorite prescription with Professor Scudder for cold feet. The concentrated tincture will cure chilblains. Saturate a piece of flannel with the tincture, and rub it well over the seat of the chilblain, till a strong, tingling feeling is produced. Repeat the application daily until a cure is effected.

"Toothache from dental caries is almost immediately relieved by packing the offending cavity with a bit of cotton which has been saturated with the tincture of capsicum. Care should be taken to protect the mucous membrane of the mouth from contact with the capsicum, for it will produce a painful burning sensation."

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HYDRASTIS CANADENSIS.—That this well-known Eclectic remedy is becoming appreciated by the profession at large is shown by the renewed interest that has been shown by several recent reports.

"Hydrastis canadensis, says the *National Medical Review*, is being used with excellent results for controlling night sweats. If a single dose of twenty or thirty drops of the fluid extract does not suffice, then give twenty-five to thirty drops three times daily. In nearly every case the night sweats will be overcome. One writer reports seventy out of seventy-three cases of night sweats in tuberculosis where the remedy afforded certain relief.

"According to the *Medical Summary*, hydrastis soothes ovarian pain, acute or chronic, and checks the bleeding in the latter; it checks the bleeding of endometritis, and relieves that unpleasant pain, which prevents the woman thus affected from either sitting or walking; it relieves, and in many cases has arrested, the hemorrhage due to puerperal metritis and chronic peritonitis, and in many instances it has relieved the headache so frequently complained of by women who are the subjects of chronic inflammatory affections in and around the uterus and ovaries."—*Medical Arena*.

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POTASSIUM PERMANGANATE AS A HEMOSTATIC.—Eclectic physicians and surgeons have always been partial to potassium permanganate as an antiseptic cleansing agent, preferring it over such drugs as corrosive sublimate, iodoform, and carbolic acid. It is interesting to note that it is now recommended to stop the flow of blood. Schädel, (*Deut. Med. Woch.*,) quoted in *The Medical Times*, advises its use in a paste, made by "mixing with it vaseline in the proportion of four per cent." The

bleeding parts must be first thoroughly dried. It is especially applicable after the removal of condylomata and other warty growths, and in epistaxis. Only slight pain is occasioned by it. In order to preserve its integrity, it must be kept in air-tight containers.

Incidentally, we may mention that while this salt is one of the most valuable of surgical agents, it is of little value unless properly dispensed, and it is, moreover, not without danger. When dispensed in solution, it gradually deteriorates, owing to its power of oxidation. It is to this property that it owes its value as an agent to test the presence of organic matter in drinking water. It should not be triturated or ground with any substance that will burn, lest an explosion occur. It is customary to avoid mixing it with other substances, hence the above named salve is an uncommon preparation. The value of permanganate of potassium in morphine poisoning is still unsettled, but with the preponderance of evidence in its favor.

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#### **SHEET PARAFFIN IN EYE AND NOSE LESIONS.**

E. Moraweck and G. C. Hall, Louisville, Ky., (*Journal A. M. A.*, February 24), recommend the use of splints made of dentist's sheet paraffin in nasal surgery to prevent adhesions, etc. The paraffin can be cut to suit the needs of the case, and if handled with clean hands and shaped with clean instruments and with additional precaution of scraping it just before introduction, they have not found it necessary to keep it in irritating antiseptic solutions before using. They find the splints much better for preventing adhesions than either the gauze tampon or the Bernay splint, besides being less painful and inconvenient. Details are given as to their use in cautery operations, after submucous resection of the septum, after turbinectomy and in septal deformities, spurs and ridges. The authors do not invariably use these splints in nasal work, but probably in about 50 per cent. of their cases. In eye work they have used the material in only one class of cases, in extensive lesions of the conjunctiva in which adhesions are threatened, or after operations for symblepharon. A piece is shaved to about half its original thickness, molded over an artificial eye, a circle is cut out in the center so that it does not encroach on the cornea, and it is then inserted into the conjunctival sac and left there as long as necessary. It is well tolerated, permits cleansing and after-treatment. This use of paraffin, the authors think, is original with them. The article is illustrated.



**Eye, Ear, Nose and Throat.**

CONDUCTED BY KENT O. FOLTZ, M. D.

In localities where more or less extremes of temperature prevail, there is always found diminution of the acuity of hearing at times. Atmospheric conditions are causative factors in the majority of instances, as a catarrhal state results from these changes. This may affect the nasal or pharyngeal tissues, and, through continuity, affect the Eustachian tubes and middle ear, or, on account of the turgescence of the nasal tissues, compel mouth-breathing, thus allowing an accumulation of mucus about the tubal openings, which will prevent the free ventilation of the middle ear. Tubal congestion results from this cause almost as often as from extension of catarrhal inflammation of the nose or throat.

Adenoids are more prevalent in climates where extremes of temperature are of frequent occurrence than in regions where the conditions are more equable. Enlargement of the pharyngeal tonsil, especially in children, is a prolific cause of impairment of hearing, and in all cases under the age of puberty the vault of the pharynx should be inspected where there is impaired hearing or a suppurative otitis media. Earache is not infrequently met with in these cases, and the history nearly always shows there has been an acute catarrhal attack preceding the ear symptoms. Repeated attacks of acute catarrhal otitis media will diminish the acuity of hearing even if a suppurative stage does not occur. Adenoids are often the cause of this condition, and also are often overlooked or ignored. The typical facies of adenoids is not always present, but usually mouth breathing at night, and snoring will be complained of by the parents. This should lead to a careful examination of the nasal, postnasal and pharyngeal tissues. The nasal structures will show turgescence, the posterior pharyngeal wall is usually more or less rugose, and is covered with either a band of mucus or an excess of secretion. The tonsils are nearly always enlarged, and may be honey-combed, ragged or adherent to the anterior pillars of the fauces.

These are the usual causes of impaired hearing, although the exanthemata are often primarily responsible, but in the latter cases treatment is usually instituted early, while in the former the condition is often neglected until permanent changes in the tissues of the Eustachian tube or middle ear have taken place, and too often but little improvement in the hearing can be effected by any known method of treatment.

Careful attention to the upper respiratory tract of children should

be given, both by the physician and parents. Of course where the symptoms are not very marked, the parents, unless previously cautioned, are liable to pay little or no attention to the child, thinking it only a cold which will soon "wear off." This neglect is also often fostered by the family doctor who says "it is only a cold and does not amount to anything," and later finds the child's hearing is not what it should be.

As the season is now with us when "colds" are more or less prevalent, and also when most catarrhal affections are aggravated, it is the time for looking after such cases, and not pass them by as though they were of no consequence.

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### THE HEART OF MARSHAL TURENNE.

TRANSLATED BY T. C. MINOR, M. D.

Dr. Cabanes, in a pleasant note to the *Gazette Medicale de Paris*, states that the heart of the great soldier Turenne has not been removed from France.

A descendant of the illustrious family of heroes, Prince de la Tour d'Auverque, keeps this relic in a chateau still belonging to the family. This chateau is located in a small village, Saint Paulet, near the foot of the Black Mountains, in the Department of Aude, perched like an eagle's nest on the summit of a peak. The heart is in a room used as a library, the walls of which are adorned by richly bound books. The heart of Turenne is enclosed in a lead case covered with crimson velvet, and on it is the following inscription:

"Herein is the heart of the High and most Mighty Prince, Henry de la Tour d'Auverque, General of Cavalry of France, Marshal General of all the King's armies."

The heart of Turenne has undergone many vicissitudes. Let us briefly cite but a few of them:

First preserved in the Convent of the Carmelites, Rue de Saint Jacques, Paris, it was afterwards removed by Cardinal de Bouillon, nephew of the hero, to the celebrated Abbey of Cluny. In the stormy days of 1793 (December 28), the Mayor of Cluny, Guichard, took the wise precaution of hiding it in the Public Library, from which it was brought only at the commencement of the reign of Louis XIII. In this period the law decided that the hearts of all the great generals, held in public custody, should be restored to their families; so the heart of the immortal Turenne was claimed by the Count de la Tour Auverque, after a legal process occurring August 30, 1818. It was then sent to the Chateau Saint Paulet, January 2, 1819, and has remained in that place ever since.

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## BERMUDA.

In the Atlantic Ocean, about seven hundred miles east of Charleston, S. C., are clustered a group of coral islands, that, rising several

They lie in the track of the great warm Gulf Stream, which protects them from the winter blasts, the thermometer varying from 55 to 90 degrees the year around.

For two hundred years the English have treasured these islands as among the most valuable of their tropical possessions. A large floating dock makes it an important naval base, and several regiments are stationed on the islands.

The soil is unusually rich, and supports a luxurious and varied growth of tropical fruits and plants. Easter lilies and Bermuda onions

are raised in abundance, and exported on a large scale. Oleanders and hybiscus grow in great profusion. Almost inconceivable is it that these islands of almost perpetual sunshine can be scarcely two-days' voyage by steamer from wintry New York.

The Bermudas are encircled, about ten miles out, by a series of three coral reefs which effectually prevent their destruction by tidal waves. The islands are about thirty-five miles in length, and have a population of nearly 20,000, more than half of whom are white.

The roads are excellent, the livery reasonable, and, in consequence, driving is the chief attraction.

A hygienic standpoint in favor of Bermuda is the absence of fresh-water marshes. Rain water, caught in immense reservoirs, is used exclusively for domestic purposes. The climate is ideal for all invalids excepting those suffering from any form of phthisis or rheumatism.

Bermuda is easily reached from New York by the Quebec Line

steamer, "Bermudian," 5,000 tons, with a capacity of 240 first-class passengers.

In many respects the islands surpass Florida and Southern California, and favorably challenge Cuba and Jamaica. The winter months are the most favored by travelers, but fall and spring are also attractive seasons.

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We propose to make the JOURNAL for 1907 larger and better than ever, but in order to accomplish this we must have the assistance, both of our subscribers and our contributors.

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SCUDDER.

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## CALIFORNIA.

Do not fail to get in line for the big annual meeting of the National, to be held at Long Beach in June, 1907.

Let us know now if you hope to attend, so that we may keep you informed of the various preparations to be made for the trip, with list of routes, excursions and probable expenses.

This Western trip will be an opportunity of a lifetime. It is a great attraction, and the indications are that the Southern California meeting will pass into history as one of the largest in point of attendance.

SCUDDER.

### CATHARTICS.

Cathartic remedies are used extensively both by the public and by the profession. The human body is subjected to more abuse by this class of remedies than by almost any other. Self-medication by purging is common among the people, and the amount of pills, powders, teas, syrups, and other mixtures thus consumed, is enormous. There is a prevalent belief that cathartics are a panacea for all ills or, if not a cure, are at least a valuable adjuvant. The laity is determined to have these medicines, and the most rigid legislation will not prevent the use of domestic remedies. So much promiscuous drugging of the bowels can be but harmful; but considering the great extent to which such agents are used, it is rather remarkable that more harm does not result. For a truth, it frequently happens that about all a patient needs is an unloading of accumulations which by their presence in the intestinal canal are causing disagreeable sensations; and when by a mild and pleasant cathartic the bowels are emptied, the patient feels better at once. The public — also many physicians — appear to be guided by no special principles in the choice of laxatives, but make use of these agents indiscriminately, as fancy dictates. In direct medication we select from the large number of drugs used for the purpose of exciting alvine discharges, one which will meet a definite object. We adapt the remedy to the condition of the patient. In this way we are able to control the action of the bowels and, by careful manipulation, influence the frequency and character of alvine elimination, from simple and gentle evacuation to far-reaching catharsis, drawing from the most remote tissues. In this article we desire to call attention to a few very well-known cathartics, with a suggestion as to their special field of action.

Cascara sagrada is not an active cathartic, and is excelled by other cathartic remedies when brisk and thorough purgation is desired. Whenever a cascara compound is strongly laxative, the loosening factor is added. But cascara justly enjoys a reputation as a remedy for chronic constipation, and this is its proper sphere of action. We have no agent which excels cascara in this condition, when used with skill and care, not in large doses, but in small doses long continued. In administering cascara for chronic constipations, we begin by giving the remedy three times a day, and later gradually diminishing the

frequency of the dose. Our usual prescription is: *Cascara aromatica*, ounce one; glycerine, ounces three; mix. Dose: Teaspoonful after meals, for ten days; then twice daily, and lastly a teaspoonful once a day at bedtime for some time longer, after which the medicine may be taken only occasionally. Sometimes a teaspoonful of the above mixture taken three times daily will cause too much catharsis; if so, the size of the dose must be lessened.

*Ricinus*. There is no remedy in the *materia medica* more frequently used than castor oil, especially in the domestic treatment of children's ills. It seems to be the catholicon in many families, and very little harm results from this universal exhibition. While castor oil is often forced down the throats of children by determined parents, we find this intestinal lubricant is not so popular with the older members of the family who can defend themselves and who prefer laxatives less nauseous. Castor oil is the remedy when we desire a movement of the bowels not followed by diarrhea. The secondary effect of this drug being constipating, its field of usefulness is wide. We may administer castor oil in typhoid fever without fear of a distressing looseness afterward. In dysentery, where the discharges are frequent, we may give this drug for the purpose of removing irritating substances, without subsequent diarrhea. In the diarrhea of infants and in cholera infantum, castor oil aids in the treatment, because the bowels are generally quiet after it is given. We may take advantage of the laxative and corrective effects of this remedy in cases of adults when, from weakness and debility, an alvine discharge is desired, yet a diarrhea to be avoided. In all cases where local action alone is indicated, castor oil is the remedy.

A general condemnation of mercury as a remedy for disease has long been characteristic of the eclectic school, and justly so when we regard the vast amount of harm that has befallen the human race through the heroic and reckless misuse of this drug. Our protest against the damaging exploitation of this remedy has retired it to a subordinate position in the *materia medica*. Yet calomel, properly used, is a good remedy, and fills a position in our armamentarium which could not well be taken by any other agent. That calomel acts specifically upon the liver has long been known to be a mistaken impression; it is not a cholagogue, but a cathartic which, in small doses, promotes secretion from the intestinal glands and soothes irritation of the intestinal mucous membrane. Calomel 1-10 grain three times a day for three days, followed by a brisk saline cathartic, will cleanse and render aseptic the intestinal canal, improve the general condition of the patient, and leave him undepressed. We have found the 1-10



gr. trit. of much benefit in the vomiting of gastric ulcer, and it will sometimes relieve the distressing nausea of this disease when other remedies fail. We have also found these small doses to act well in nausea after anesthesia, and in the vomiting of pregnancy.

Podophyllin gives its best results in small doses; it is a powerful remedy and a useful one when indicated. One word, "sluggishness," will answer for the indications. Sluggish bowels, sluggish liver, sluggish skin, sluggish brain, and sluggish circulation, all call for podophyllin. On the other hand, much harm may be done by administering this drug when inflammatory conditions are present, when the intestinal tract is irritable, or when the liver is over-active. When the stools are light-colored, the urine high-colored, the skin jaundiced, the pulse slow, and the mind dull, podophyllin will act like a charm in relieving the patient. In these cases we give pod. 1-6 gr. three times daily for two or three days, and then expedite matters with magnesia sulph. Podophyllin is adapted to that uncertain condition called "billiousness," which, in fact, is ptomaine infection from a good appetite gratified without reason or judgment. The patient feels badly, and is subject to headache, constipation, uric urine, and sallow skin. What such patients really need is a course in dietetics and physical culture. Still, pod. 1-10 gr. once or twice daily will keep them feeling fairly well for a while, and yet allow them to indulge in gastronomic excesses. In some eczematous eruptions, usually occurring upon a muddy skin and with a dirty yellow, pasty coat on the tongue, pod. 1-10 gr. trit. three times will prove curative. The medicine acts by cleansing the intestinal canal and removing deleterious material which is otherwise taken up and deposited in the skin. While we are inclined to think that we have better remedies for the treatment of chronic constipation, yet, when very young children are habitually sluggish in the bowels, we find that minute doses of podophyllin, about 1-100 gr. thrice daily, given regularly, will in a few weeks entirely correct this condition. Podophyllin is a good remedy in habitual sick-headache. We give it in 1-10 gr. tablets, one after each meal. If this treatment is persisted in for a month or two, the habit will be entirely broken up.

There is probably no better-known cathartic than magnesia sulphate, and there is none more valuable in its field of action. We have in this remedy an instrument of precision, and one which, in the hands of a skillful operator, can be made very effective. Large doses of mag. sulph. cause copious watery discharges from the bowels without nausea or pain, and thoroughly wash out the alimentary tract. The conditions demanding such cleansings are quite frequent. When the patient is loaded down with ptomaines absorbed from the intestinal

tract, when he feels heavy and depressed, when he has headache and is constipated, no remedy will bring about a favorable change more quickly than sulphate magnesia. We should always prepare our patients for surgical operations by cleansing with soap and water externally, and with mag. sulph. internally, thus ridding the body of all infectious material. Sulph. mag. not only empties the intestinal canal, but draws from the remotest tissues; because of this fact the remedy is of benefit in many cases of dropsy, by causing large watery discharges. In dysentery we have long used mag. sulph. in very small doses, five or ten grains every two hours. This application of the drug is very satisfactory, and should be more widely known. Sulph. mag. also has a diuretic action, which should not be overlooked or forgotten. This feature is more noticeable when the medicine is given on an empty stomach. We should know this remedy well. There are few more valuable or less harmful. The most pleasant form of administration is the effervescent saline laxative.

WATKINS.

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### SOLANUM CAROLINENSE.

Horse-nettle has some virtue as an anti-spasmodic, with special recommendation for the treatment of whooping cough, but I arise to a question of privilege. I want to inquire if I am afoot or on horse-back?

In the *National Transactions* for 1902-03, Dr. Best has a paper on "Solanum as a Remedy for Whooping Cough," wherein he reports *uniform* success with the remedy, and closes his paper with the following statements: "It lessens the frequency of the paroxysms; diminishes the severity of the cough; it seems in no way to affect the mucous membranes, unless to allow free discharge of mucus; a full dose causes some dullness or inclination to drowsiness; the patient gets longer and less interrupted sleep; *the disease is cured in from two to three weeks, and in severe cases not longer than four weeks.*" (Italics mine.) Now, right here is where I am up a stump, and, to my notion, neither afoot nor on horseback. I'm jist settin' down.

I have not treated more than forty-seven thousand cases of whooping cough — parents usually preferring to let their children cough it out, rather than pay the doctor for what they, in their ignorance, think is but a trifling affair; while the fact is, whooping cough is one of the most dangerous diseases of childhood, and its staying qualities without a parallel.

I have used solanum, and my experience has not been uniformly



satisfactory, and therein I am afoot. Let me tell you about it; then, will some one help me to find the stirrups, if he can?

Little Jimmy, aged one year, strong, healthy, and never needed a doctor before in his life until he took the whooping cough. I saw him early in the disease, as another child in the same family had already had it for several weeks. I gave solanum because Dr. Webster had recommended it; and I have lots of faith in Dr. Webster's opinion. Result: Jimmy's cough did not improve, and he died of convulsions at the end of ten days.

Jimmy's sister, four years old, was treated for three weeks with bromoform by a physician who swore by the beard of Aaron he could cure whooping cough in one week. At the end of three weeks her cough was worse than ever, and I was asked to prescribe for her. I gave her solanum. Result: A modification of coughing paroxysms in forty-eight hours, and, barring bronchial complications, she did nicely, and recovered fully at the expiration of twelve weeks. That doctor was a dreamer.

Another one of Jimmy's sisters, two years and a half old, took whooping cough soon after he died. I saw her at once, and prescribed solanum. Result: Mitigation of the symptoms at once. The paroxysms were mild, and I conducted her safely through the siege. It lasted ten weeks.

My own baby, seven years old, took whooping cough. I gave her solanum. Result: No benefit whatever after a trial of ten days. I then changed to belladonna and the bromide of potassium, which controlled the paroxysms as well as I consider it can be done. Result: Recovered fully at the end of three months.

Now, with all due respect for the experiences of other men, I must say that I have never seen a case of whooping cough recover in two to four weeks, and I have tried every remedy that has been recommended, from the time of Adam to John Peterschmidt.

In the four cases mentioned above, the percentage in favor of solanum is fifty.

Here is my question of privilege, Why did solanum do good in half my cases, and fail in the other half? What condition of the body was it, could be changed by solanum to the betterment of the patient? I confess, my spectacles were on top of my head when I prescribed the remedy; hence I saw nothing but the result. I want to ask Dr. Best if, since writing the paper, he has corralled any specific indications for solanum; and if he has, will he give them to us? I believe it is a good remedy in some cases; but which are they? Where, when, and why?

STEPHENS.

**SPARING THE KNIFE.**

The indications for surgical interference are given more prominence by medical writers and teachers than the contra-indications. Perhaps, therefore, it may be well to consider, in some detail, the question, When not to operate? All must concede that the work of the surgeon has in recent years contributed more to the relief of disease and deformity than any other agency. As a life-saving work, too, nothing else in the sphere of human activity and ingenuity compares with surgery. A wide-spread impression prevails, nevertheless, that many operations are done that are not strictly necessary, and some that are distinctly ill-advised and unwarranted.

Such belief is given frequent and often emphatic expression in our medical meetings and journals.

The enthusiastic surgeon regards rather lightly such accusations of pernicious activity, and quite frequently suggests that they may be due to envy, jealousy, or some other base motive. It is quite possible that the complacency of the surgeon is often greater than the situation warrants.

It is too much the rule to hold an operation justifiable and successful when the patient survives. It is also common, in case of failure to survive, to add, "notwithstanding the efforts of the surgeons to save him, the patient died." The implication being that death was inevitable.

It is conceded that many more lives are lost by failure to operate when operation is demanded, than by ill-advised and unnecessary operations. This constitutes no justification for an unnecessary operation. Any operation may be regarded unnecessary whenever any other treatment would have been successful. The line should be sharply drawn, and the surgeon restricted to his legitimate field. Furthermore, whenever in the progress of medicine a disease, considered surgical, becomes amenable to any form of medical treatment, further surgical treatment of such disease should be discouraged. Such transference of cases from surgery to general medicine has largely obtained in local tuberculosis. In all probability the tendency will become a settled preference; and we shall more and more rarely use the knife in treating bone, joint, and other local tuberculous lesions.

If these cases were always recognized in the early stages, there would be no occasion to apply surgical treatment. The same methods which have proved so effective in the far more hopeless form of pulmonary tuberculosis, will leave nothing further to be desired. It is not too much to expect that hunchbacks, and the still more seriously

disabled children with ankylosed, shriveled, distorted, and shortened limbs, will soon be only a memory, instead of a pathetic spectacle so frequently seen on the streets. If neglected until the destructive processes have culminated in necrosis, the surgeon must be called to remove debris, and make the best of the wreck. A laudable ambition for any physician is to limit the sphere of surgical activity, and extend the domain of medicine or non-surgical treatment. Instances are numerous in many communities, of people who have refused operation, declared necessary by good surgeons, and yet are to-day quite recovered.

Amputations without number, especially of injured fingers, are done every year, that are not unavoidable necessities or life-saving measures. To refrain from operating is sometimes more creditable and praiseworthy than performing it ever so skillfully. To the surgeon questions of such supreme importance are referred that only rare judgment, great courage, and true conservatism combined enable him to decide them correctly. It becomes, therefore, especially important that his good, great, and necessary work shall not be offset by work that will not stand close test, especially on the score of necessity.

CHURCH.

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### TO THE MEDICAL STUDENT.

I am going to write this little editorial for the benefit of the medical student. Out of forty years' practice, I have learned some things, a knowledge of which may be useful to the young doctor.

First, master the *essentials* of medicine, giving only such time as you can easily spare to things merely collateral to it. This will give you a degree of self-confidence that will redound to the benefit of both yourself and your patient. It will help you by *justifying* your self-respect; it will help your patient reflexly — psychologically.

Remember this: The thoroughness of your education cuts almost no figure with the usual layman — he doesn't *know*. How can he? He adopts you as his physician for other reasons — your dress, your address, your social qualities, your mode of speech, your manners, and mannerisms, the rig you use, etc. That thing goes even this far: If the patient-to-be is a girl, and you are marriageable, she may select you on account of the color of your eyes. If the coming patient is a dude, he may employ you on account of your expertness with your necktie. Ridiculous? Certainly; but true all the same. Your average layman does not, and can not, know anything about your clinical success — that, under about all circumstances, must be left out of the reckoning. Nobody, not even yourself, can properly rate your *com-*

*parative* success as a clinician. It is pertinent to state in this connection that every doctor votes himself a successful clinician — how can he help doing it?

About all the time you spend in learned explanation to your patient will be lost time. Your utterances would better be authoritative and explicit, but kind and gentle. There will be families which will become deeply attached to you, so that after a while you will feel that you own them. But don't bank too highly on your proprietorship in this matter. Remember that no one employs you for *your* sake — it is for his *own* sake. It is cold-blooded business with him — no sentiment about it. This fact holds a vital hint — you must, in cold blood, *require* your *quid pro quo*. It is a strange psychological fact that, other things being equal, the *exacting* physician is most respected all round. The cheap-John and poor collector inspires contempt, for he is rated as *weak*. I personally have been a damn fool all my professional life in this respect, and I have got my reward. However able you may be, you will occasionally be eliminated in favor of some ignorant mediciner, as a result of the advice of some meddlesome old crone. Expect this, for it often happens. Very few families, when they discharge you, will notify you of it. You find it out at the door when you make your next visit. If you charge for this "blank" visit, the family will feel deeply wronged; but you *charge* and *collect*, if it takes the hair off. That's business, and it was the business inspiration that caused them to discharge you. Keep in the front of your mind the fact that the patient employs you for *his* sake, not *yours*, and this will constrain you to be as fair to yourself as you are to him.

You will have knowledgeable patients who have theories as to the bottom lesion in their cases. They will, in effect, insist on doing the prescribing. The density of his ignorance will strike you as phenomenal; but for business reasons you must seem to concede a lot to his theory, and then give him what you please. Keep in your case sugar-of-milk tablets for placebo purposes. Not only that, but to use in many an anomalous case which throws out no specific drug indication. You will thus protect both your patient and yourself. You will have many a case which will force you to lie, for the sake of family peace. This is righteously justified, for, besides aborting a divorce or a scandal, you *may* be conserving the integrity of your cuticle. However things may go, and whatever else you may be, *be a gentleman*.

COOPER.

P. S. — Although many a patient will employ you for some frivolous or whimsical reason, he somehow reconciles this with the notion that you are the man that can do him the most good. C.

**TYPHOID EXPERIENCES.**

Our community is now passing through an experience with typhoid fever, and we have learned some new lessons. Personal experiences are not soon forgotten, and impress one much better than reading or hearsay. Looking about for etiological factors, it seems impossible to trace the disease to a common cause. We are taught it must be taken within the system. Taken either by food or drink. Not doubting this in the least, yet, in the present instance, the disease is so wide-spread there can be no common source of infection. In our own cases, drinking-water was in all cases taken from wells eighty, ninety, and in some instances one hundred feet deep; no surface wells being used. There could be no common source from food, as the disease is not confined to the town, but exists in all directions from it. Thus, there is no common drainage channel to be infected. It exists among farmers, people having nothing in common, nor in fact any communication whatever.

Having given the matter considerable thought, we can think of but one common cause, and that is an old one, advanced, we believe, by Pettenkofer — "a low ground water."

We had a dry winter, preceded and followed by dry summers, the dryness of the ground being common observation. Thompson, in his "Practice," says: "Too much emphasis is given to the fact that a hot, dry season is more productive of the disease than a hot, wet one. This is attributed to various causes; but it seems more probable that in the former people are driven to use unwonted sources of water supply, made worse by concentration of organic matter, and the lack of rain fails to wash off much filth through proper drainage channels."

This hardly explains the conditions prevailing in our community, unless it be found in the last clause of the quotation.

We have frequently thought that our textbooks are too largely from the standpoint or view of the city physician. True, they enjoy large clinical experiences; but the environments of the rural population are so different that frequently the causes of disease and the clinical picture are far different from those witnessed in a metropolitan hospital. Contaminated reservoirs and rivers cease to be an active cause in rural districts.

The clinical picture presented the same variety of conditions or multiplicity of symptoms: the step-like rise of temperature until well into the second week; the gradual decline with the morning remission until the normal was reached; the rather slow pulse until in the third week of the disease, when it becomes faster, no doubt, from muscular weakness, of which the heart partakes; the condition of the bowels

varied; some constipated throughout the disease. Others had diarrhea. The rose-colored spots were not always present. One of my cases had hemorrhages from the bowels, and no spots were present. The delirium of the low-muttering type; occasionally more wild, at times sufficient to need restraint. Personally all cases were treated in accordance with the conditions found. The constipation was relieved by enemas, and in a few cases by an occasional dose of castor oil. The diarrheal cases had no astringents, but when the stools seemed very offensive, an enema was used. Six or eight passages daily do not call for astringents. In fact, they have but little place in typhoid.

Internally, the principal remedies were echafolta, baptisia, gelsemium, hydrochloric acid, nux and sodium sulphite. All patients received tepid baths two or three times daily, followed by an alcohol rub. The number of baths was regulated by the height of the temperature.

MUNDY.

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## THE TWENTIETH CENTURY CRUSADE.

The world has witnessed many crusades during her history, and, though the results have not always been satisfactory, no one questions the motives of those who were willing to give their lives for what they believed to be for the betterment of the race.

To-day the whole world gladly unites in a crusade against a foe that threatens the prosperity and welfare of every nation on the globe.

For two thousand years this enemy of mankind has marched the highways of life, gathering force and power with its onward sweep till every nation feels the devastation of the great white plague. Wherever people congregate in large numbers, there tuberculosis exists, and we begin the twentieth century with the appalling fact that one out of every seven that die is the victim of tuberculosis.

Cincinnati has had her fifteen days of "Tuberculosis Exhibit," and the exhibition and agitation has moved on to other fields. This agitation and education that is going on in every country will undoubtedly result in more effective methods of fighting this destructive disease.

It is generally recognized to-day that tuberculosis in the early stages is a curable disease, if the proper environments can be secured; and all agree that *pure air and abundant sunlight* are essential, and the trend of all writers on this subject is, *fresh air*. While no one can take issue with this idea, we are not to lose sight of an equally important factor that must enter into all successful treatments, namely, good nutrition. Tuberculosis can not exist where there is abundant good, rich, red corpuscles; and just in proportion as we are able to



*enrich* the blood, will we be able to stay the disease, and finally effect a cure.

Any line of treatment that will improve the appetite and digestion will be of great benefit to the patient; and conversely, any treatment that impairs the appetite should be discarded, hence the administration of cod liver oil, creosote, or all other agents that produce a disturbance of the stomach should be discarded. A few patients can take these agents without affecting the appetite or digestion; and where such is the case, I have no objection to their use, but they are rare exceptions.

Plenty of good, rich milk, cream, eggs, good bread with a *liberal* use of good sweet butter, sweet breakfast bacon, the fat of beefsteak and roast beef together with the lean, should enter into the dietary of all tubercular patients. Cereals and fruits are to be added; in fact a mixed diet, where it can be appropriated, should be recommended. If plenty of out-door air, with gentle exercise, will secure this necessary factor, medicines will not be necessary; but many times the administration of a little nux vom. with hydrastine phosphate, or the triple phosphate of iron, strychnia and quinia, will be invaluable in sharpening the appetite and in improving digestion. The *one* absolutely indispensable factor in all cures is to raise the quality of the blood. The bacilli must have a good soil in which to grow, and this soil is a poor quality of blood.

THOMAS.

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### APATHY.

The *Standard* gives as the second definition of "apathy": "The mental state resulting from apathetic condition; intellectual indifference, sluggishness, or lack of interest in that which normally affects or concerns."

"Whom the gods love, die young." This may truthfully be said, not so much as regards individuals, but of promises and intentions, and apathy is the god who is responsible for these deaths. In attending medical conventions, or in talking with physicians from various parts of the country, the "hue and cry" is, "Send us a good man; I need one in my neighborhood." Then, after a tirade about the lack of men turned out of our medical colleges, they become apathetic, and, like the advertisement a few years ago, they think they have "pressed the button," and the faculties of the colleges will do the rest. In fact, their apathy is so great, they have not even touched, much less pressed, the button.

The Eclectic school has done much in promoting the study of drug action, and much more work is required in the art of medicinal drug action; but we must not allow general apathy to control us. Why do our practitioners succeed, as a rule, in their efforts to relieve the

ills of the human race? It is because we have a rational system of prescribing drugs. This being a fact, why is it our men do not take measures to send promising — and this term is used in its full meaning — students to our colleges? For some reason they do not do so, as a rule, but will remain inactive, and, when they have a chance to send a student, will rather advise him to go to some other school for two years, then advise the aspirant for medical lore to finish in an eclectic college, or take his degree in the dominant school, and practice what he pleases. Apathy is shown in such advice, and still these same men blame the colleges and faculties for not sending them good men.

When you have an intelligent youth in your district who appears to have an inclination to study medicine, help him by giving him literature to read which will show wherein our system of medicine is in advance of all others, and this is an easy thing to do; and when he has concluded to matriculate, send him to an eclectic college, so the foundation of eclecticism will be laid; the superstructure will readily follow, and good men in the field result.

In this way you will not only help the cause of eclecticism, but will also help yourself, for an increase in numbers, provided they are united, means increased preferment and power; but this can not obtain if general apathy controls the majority of our men. Shake off this apathetic condition, be alive to the needs of the hour, and in a short time we will not be hearing the wail of inability to secure the services of good men.

FOLTZ.

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## THE NATIONAL PURE-DRUG LAW AND ECLECTIC REMEDIES

About seventy-five years ago the Eclectic remedies had their beginning in domestic empiricism. For seventy-five years their record has been one of persistent development. The success of the Eclectic practice of medicine depended on the exactness of the remedies used by Eclectic practitioners. Faulty remedies would have aborted the efforts of the Eclectic profession. The very life of the school, the reputation of its physicians, depended on the preciseness and integrity of the Eclectic medicines.

Had they remained crude, the progressive touch of modern Eclecticism could not have been possible. Had they become unreliable, their specific action could not have been established. The fathers comprehended that the very life of Eclecticism depended on the pharmacy of Eclecticism. The exactness of specific medication that crowns the school's record could not have been possible had there been no specific medicines.

During these years Eclectics have heard many stories concerning themselves and their remedies. Eclectics and their medicines have been inhumanly abused by men who knew nothing about either the school, the objects and the works of Eclectics, or the remedies of Eclecticism.

Unexpectedly and by the most exacting authority has come the vindication of Eclectic remedies and the triumph of the Eclectic practice. Bad remedies have been on the market. But it is discovered



that they *are not Eclectic remedies*. There have been frauds unspeakable in general medicine. Let us name a few. There has been pharmaceutical preparations not true to the label. Tablets as inert as sugar; pills that would not dissolve, and were worthless if they did dissolve; syrups and tinctures that discredited their drug names. Essential oils that knew not their origins if their names were considered as a record of their parentage. Powders that belied any reputable crude drug of the same name. Gums and resins that knew no legitimate home. Adulterations there were beyond belief.

Cheapness, ignorance, cupidity, united themselves to fraud. Like vultures, they hovered around their victims. They swooped down on the drug markets of America. The nothingness of sugar pellets under drug names nested with the complexity or grotesque illogical pharmaceutical compounds. Fragments of drugs were guaranteed to accomplish the work of the whole drug. Fads were worked to the limit. Imitations studied the pharmacy of America.

Every possible form of imposition was utilized by the unscrupulous dealer in sophisticated or perverted drugs. Marvelous were the methods to which the pharmaceutical pirate resorted.

If any man doubt these facts, let him read the record of it all as printed in the pharmaceutical press of America. Legitimate pharmacy and the fair druggist labored under disadvantages that seemed insurmountable. Their discouragements were unspeakable. There was little encouragement to either pharmaceutical education or honorable pharmacy. The marvel is how the fair man in pharmacy met the competition of the fakir. To say that the man who paid \$4.50 wholesale for a pound of oil of bitter almonds was not able to compete in price with him who paid 28 cents per pound for a sophisticant of the same name, expresses it in a nutshell.

Then, at last, up rose the United States Government. January 1, 1907, the new pure-drug law goes into effect. This authority has decreed that a drug must then be labeled true to name. How this will affect the mixers of the cheap drug men is not an Eclectic affair. They do not sail under the name Eclectic. The question with Eclectics is, how will this pure-food and drug law that is shaking the pharmaceutical earth, affect legitimate Eclectic remedies.

*Listen!* Not one Eclectic remedy will be disturbed. Not one Eclectic compound, nor a member of the list of specific medicines, will be in the least affected. Not a formula will be changed. Every Eclectic preparation is true to name. Every Eclectic compound is legitimate. The list of Eclectic remedies is clean from beginning to end. They are, one and all, exactly what they claim to be.

This must be a pleasant reflection to the Eclectic profession. It is especially such to the writer of this editorial. Few can know the discouragements that come to one who has spent the better part of his life in an effort to make every member of a line of Eclectic remedies stand the highest test of excellence, in the face of competing "just as good, and cheaper" products.

The triumph of our cause culminates in the fact that the new National pure drug law, designed to purify the medicine market of unworthy medicines, leaves the Eclectic remedies untouched. LLOYD.

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**Because** the proper menstruum, containing sufficient alcohol to extract, preserve and hold in permanent solution all the active principles, is always selected to meet the peculiar requirements of each drug—

**Because** of their uniform strength, determined by assay and physiological tests, and positive therapeutic efficiency—

**Because** the following was not written of, and does not apply to, the Merrell Fluid Extracts :

"UNTRUSTWORTHY" ought to be written after the name of the fluid extracts of medical plants as usually found on our apothecaries' shelves. I have a habit of tasting, at a subsequent visit, of nearly all the medicines I prescribe, and I find there is a large number of the fluid extracts in many of the official and unofficial forms, prepared for our use by the pharmacists, which taste exactly alike. That taste is a peculiar stale, dirty, gritty one, often entirely wanting in the special aroma peculiar to each plant in the green state; and just here, I make no doubt, is the secret of the unworthiness of many of these "medicines." Instead of the fluid extract being made of the fresh or green herb, root or plant, it is too often made from a dried, more or less inert drug, from which the volatile, and often the active principle has perhaps wholly evaporated.—Dr. Norton, Brooklyn, in Medical Record.

The Wm. S. Merrell Chemical Company will not hold themselves responsible for the identity of fluid extracts filled out from bulk stock or refilled containers on druggists' shelves—original packages are the only safeguard.

Physicians who have been disappointed in the use of any remedy are requested to specify "Merrell," and note the difference.

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FOR DISCRIMINATING PHYSICIANS.

New York

CINCINNATI

San Francisco



# THE ECLECTIC NEWS

## A MONTHLY NEWSPAPER

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### BOOK NOTICES.

**Diseases of the Nose, Throat and Ear.** By Kent O. Foltz, M. D.  
Professor of Ophthalmology, Otology, Rhinology and Laryngology in the Eclectic Medical Institute. 117 illustrations. 12mo, 643 pages, cloth, \$3.50. The Scudder Brothers, Publishers, Cincinnati, Ohio.

I have taken time to thoroughly examine this work, and am more than pleased with it. It is complete without being tiresome, and exhibits experience and care in the writer. The anatomical descriptions are fine, the diagnosis complete, and the treatment thoroughly Eclectic, which is the ultimate of all medical treatises. It is therefore a pleasure to recommend it to the profession as a work from which much is to be gained by a careful study. The publishers are entitled to much credit for the elegance of its make-up. STEPHENS.

After a very careful review of this work, by Prof. Foltz, I must commend it without reservation to the physicians of our school of medicine. The illustrations are quite elaborate, and in no way overdrawn. It is a fact that during the last few years specialization in diseases has driven out the lesions of the nose, throat and ear from the general practitioner to the consultation, care and treatment of the specialist. I think this class of physicians who have allowed the lucrative portion of their business to go into the hands of the specialist, will now, under the guidance of the author of this work, be in a position to better care for this class of patients, and if the lines laid down by the author are carefully followed, secure better results. The book is rich with suggested remedies for all the different lesions, and will be greatly appreciated by the profession. RUSSELL.

The anatomy, pathology, and illustrations employed and discussed are clear and explicit, rendering a study of the subjects treated especially instructive. This author has a thorough knowledge of the mat-

ter in hand, and also has the happy faculty of being able to put his knowledge in such shape that the earnest student can easily grasp the exact meaning intended, so that the diagnosis and treatment of the case in hand become easy and certain. Every one at all interested in knowledge along these lines, and who is not so interested, should possess this book, for in its special field it is what "Specific Medication" is to the general practitioner.

Mechanically it is all that the bookmaker's art could make it. The paper is good, the type is clear, and the illustrations are sharp and clear. It deserves great popularity. H. L. HENDERSON, M. D.

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The need of a work prominently including the up-to-date Eclectic local and constitutional treatment of the abnormal conditions of the upper respiratory tract which frequently come under the observation of the general practitioner of medicine, has long been deemed an urgent one. This new work on the diseases of the nose, throat and ear, by Prof. Kent O. Foltz, M. D., just published by the Scudder Brothers Co., is therefore a most welcome and timely publication.

In the treatment of the diseases considered in this work systemic measures have heretofore been very much neglected, but Dr. Foltz regards such measures as essential to a rational treatment, and in his present excellent work gives full and clear directions for the successful treatment of many diseases which have been regarded by many other authors as incurable. The anatomy of the parts involved in the diseases discussed is given in plain and comprehensive language, and so presented by the author that the student will find the subject quite free from the "dryness" usually associated with anatomical descriptions. Nearly every subject is profusely illustrated in such a way as to make still more clear the already lucid text. The article entitled "Examination," in which full descriptions of the appliances needed, and minute directions for their employment are given, is of especial value to the general practitioner. The work is in every way a most excellent one, and it should be placed in the library of every progressive physician, regardless of his school of practice:

JOHN WM. FYFE, M. D.

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#### **Second Report of the Wellcome Research Laboratories, at the Gordon Memorial College, Khartoum, Africa.**

This admirable work conspicuously illustrates the benefit to the world that comes when a scientific man in commercial lines takes an interest in the application of the money he makes, in the direction of human betterment and education. Henry S. Wellcome was a man of business in America, a graduate of the Chicago College of Pharmacy,

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a student in the direction of scientific pharmacy, an investigator on his own account whilst a traveling man in America, for here he represented McKesson & Robbins as a commercial traveler, and well represented them.

Transferring his work to England, he rapidly built up an immense business largely in the direction of American medicines. He became an investigator, a friend of Henry M. Stanley, and in close touch with the best men of England, and yet he remained an American at heart, an American in principle. Instead of confining his efforts to the making of money, the piling up of more money, and still more money, as opportunity offered he turned his attention to the betterment of humanity, to the uplifting of business, to the helping of the world at large. He established the Wellcome Research Laboratories in England, and in Africa as well, and the book before us is the second report from the Research Laboratory at Khartoum, Africa.

We shall not attempt to speak in detail of this effort. It was issued under the auspices of the Hon. Andrew Balfour, M. D., Director of the Research Laboratory at Khartoum. The chemical report, by Wm. Beam, is especially worthy of note. A traveling pathologist and naturalist, Mr. Sheffield Neave, has admirably supported his reputation. The entomologist, Harold H. King, has made the work of special value, and his assistants, H. R. Friedrichs and J. A. Goodson, have evidently been as enthusiastic as their principal. The work throughout shows a care in text, in research, and in presentation, a beauty of detail, that is refreshing. The scientific information extended concerning acacia and other African products, together with the photographic reproductions, illustrate the subject graphically, as could in no other way be accomplished.

The section of the work devoted to insects overshadows, perhaps, the remainder of the book, illustrating how important to the life of man is the study of entomology as applied to the laws of health. Here, with the utmost care, illustrations, both microcopic and of natural size, are made of insects and parasites that affect plants and living creatures, producing finally, as they do, diseases in both animals and plants. For example, a plant is stung by an insect, and the gum that exudes through the effect of the sting of the insect is used in medicine. Acacia (gum Arabic) results from the influence of a microbe.

It seems strange to take a book published by a commercial drug house, issued by a man dealing in commercial drugs, whose business brings him into contact with the business side of life, and find that book devoted mainly to the study of *insects*, which have become, by those who think, in the direction of man's welfare, and so intricately



connected with the subject of medicinal plants. But this book of 251 quarto pages, is worthy insect study and descriptions of the good and bad that comes from the attacks of insects. J. U. L.

**Potter's Cyclopædia of Botanical Drugs and Preparations.** By R. C. Wren. Published by Potter & Clarke, London, England. 208 pages.

This work prints in small compass the common and botanical title of every herb in general use, together with its synonyms, action, preparations and doses." About 3000 names are included. Brief materia medica notes follow each title and synonyms, and the therapy is briefly indicated. In some instances the latter approaches specific medication, but the bulk of it is made up much as were the earlier Eclectic textbooks on materia medica. Following is a collection of formulæ for compounds, some from the American Botanic, some from early Eclecticism, and the balance of such compounds as are familiar to the English herbal practice. The work is well gotten up and is scientific, and will prove useful to the American student of comparative methods of the world's practice of medicine H. W. F.

#### **Transactions of the Ohio State Eclectic Medical Association.**

We are in receipt of the 1906 volume of the Transactions, which embraces the proceedings of the forty-second annual meeting, which was held at Columbus May 1, 2 and 3, 1906, together with addresses, reports, papers and essays presented before the several sections. This year's volume contains 285 pages, and has been ably edited by the Secretary, Dr. Mundy. Several of the articles are well illustrated. The work also contains photo-engravings of several of the ex-officers.

**Human Physiology.** By Dr. R. Tigerstedt, Helsingfors, Finland. Translated from the third German edition and edited by John S. Murlin, M. D. D. Appleton & Co., New York; 750 pages; cloth, \$4.00.

This is one of the best works now extant on the subject of physiology. It covers the entire field with such clearness and accuracy that nothing is left obscure or unfinished. The treatise is admirably written down to the comprehension of the beginner, and still sufficiently thorough for the wants of the practitioner. L. W.

On January 1st the Medical Age and Medicine, published at Detroit Mich., will be consolidated with the Therapeutic Gazette and published under that name at the same price, \$2.00 per year. This consolidated journal will be under the editorship of Drs. H. A. Hare and Edward Martin.

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**Kiepe's Materia Medica and Therapeutics.** A Manual for Students and Physicians attending post-graduate courses. By Edward J. Kiepe, M. D. 12mo, 265 pages, cloth, \$1.00 net. Lea Brothers & Co. publishers, Philadelphia.

This is one of the Medical Epitome series, and differs from works of this character in not being classified, but in having the drugs and topics taken up in alphabetical order. The contents are not those usual in similar works, but made up chiefly from author's lectures as built up from current medical literature. In this way it is a fresher topic, perhaps, than if he had followed the common custom of taking all pharmacopœal drugs, many of which are omitted herein. Even *cimicifuga*, so important a drug with us, is not included. Each chapter is followed by a list of questions. The work is well done, and will prove useful in presenting the up-to-date materia medica and therapeutics of the regular school of medicine.

H. W. F.

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**A Compend of Materia Medica, Therapeutics, and Prescription Writing.** By Samuel O. L. Potter, M. D., London. Seventh edition, revised and enlarged. Philadelphia: P. Blakiston's Son & Co. Price, \$1.00 net.

This work is the well known materia medica number of Blakiston's Quiz Compend Series. This edition is based upon the eighth revision of the United States Pharmacopœia, but unlike many books of essentials, goes farther and includes many unofficial drugs. Special reference is paid to the physiological action of drugs, and the therapeutic memoranda are excellently arranged for quick reference. To one desiring a ready reference work on materia medica, as practiced in the regular school, we commend this work. We commend it also to those of other schools for its many excellent points, and as an easy work with which to arrange a comparative therapeutics with their own. No author excels Potter in condensation without destroying the value of the matter he presents.

H. W. F.

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**The American Illustrated Medical Dictionary,** by W. A. N. Dorland, M. D., octavo, 836 pp., morocco, \$4.50 net. W. B. Saunders & Co., publishers, Philadelphia.

We are just in receipt of the new fourth revised edition of this excellent dictionary, which we have previously reviewed. It contains over 2,000 new words, embracing all the terms used in medicine, surgery, dentistry, pharmacy, chemistry and kindred branches, with one hundred valuable new tables. The most accepted modern spelling and pronunciation is used, and we cannot recommend this work too highly

## COLLEGE AND SOCIETY NOTICES.

### THE TEXAS MEETING.

One of the most enjoyable and business-like state conventions we have attended for a long time, was that of the recent meeting of the Texas Eclectic Medical Association in Fort Worth. Even a pessimist, had a pessimist been present, would have been enthused through the crust with which he is surrounded; but if such a one was present he failed to be perceived by the writer. The discussions were spirited and instructive; and these discussions were largely confined to those things that concern the Texas Eclectics especially and the Eclectics of the country generally.

Among the visitors present may be named the President of the National, Dr. Stephenson, of Fort Smith, Arkansas; Prof. Helbing, of St. Louis; Dr. Holmes, of Nashville; and Drs. Russell and Lloyd, of Cincinnati. They added their mite to the meeting, and in return received a full allowance from those present.

During the convention a joint meeting of the Eclectic and Homeopathic conventions was held, in which there was a reception of the Committee of the Regular school, concerned in revising the State medical law of Texas. The unanimously united voice of the Eclectic and Homeopathic sections was to the effect that the present method of examining physicians in Texas should be maintained—a method by which each school has its separate examining board, and this the committees from these schools were directed to use their every power to enforce. The consensus of opinion was that it was wise to let well enough alone. The present method worked no hardship to any one, and did no wrong to any one, and the possibilities of a single board, should it fall into the hands of a dominant faction, were hazardous, as concerns the rights of a minority. With such men as Johnson and Daniels, and others in the Eclectic school, on that board, it may be said that the wishes of the society will be admirably enforced.

In the evening of the first day's session there was held a meeting to which the homeopathic physicians were invited. This was a very pleasant, discursive meeting, in which Drs. Helbing, Holmes, Russell, and Lloyd, and President Stephenson and the President of the Homeopathic Society, made brief addresses. We can not allude to them all in detail, but may be pardoned for saying that the admirable manner in which Dr. Stephenson called upon all Eclectics of the State of Texas to attend the next meeting of the National was eloquently forcible.

As is usual, the Secretary, Dr. Downs, attended well to business; the President served well the Society's interests, and the special committees attended to their affairs as committees should. Concerning these features, the Secretary, as is his rule, will make his report to the Journal. Our aim is simply to express to the readers of this Journal the impressions that we received from what was a very enjoyable and restful convention excursion, and to add that if there be any one who reads this, and thinks that the statements are optimistic or overdrawn, he needs but meet one, and any one, of the members present to find that the reverse is true. The Texas Eclectics who failed, through indifference or through press of business, to attend that meeting, missed an opportunity in which there came to those who were present much that will, to the absent one, be forever lost.

J. U. L.

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**JOHN K. SCUDDER, M. D., Secretary,**

1009 Plum Street, Cincinnati O.

## PERSONALS.

**Died.**—At his residence in Indianapolis, Ind., Dr. R. T. Laycock. Dr. Laycock was one of the best known physicians of Indianapolis, having been in practice there for the past eighteen years. He was a graduate of the Eclectic Medical Institute in 1874. For ten years Dr. Laycock occupied the chair of Diseases of Women and Children in the Indianapolis Eclectic Medical College. He was a prominent member of the State and National Eclectic Medical Associations; also of the Odd Fellows and Knights of Pythias lodges. Dr. Laycock leaves a wife and five sisters to mourn his loss.

Dr. J. J. Kidder, E. M. I. '96, of Salamonina, Ind., was one of the victims of the explosion of dynamite in a hardware store, which wrecked the town of Fort Recovery, on October 17th, in which five persons lost their lives and many sustained injuries. The doctor suffered a fracture of both bones of the leg just above the left ankle, with slight internal injuries. He was caught by the front of a falling building.

Dr. George H. Candlin, E. M. I. '06, passed the Colorado State Board and is located at Eaton, Colo. Others of our graduates located in Colorado are, Dr. W. S. Bogart, 1903, at Erie; Dr. C. F. Kysar, 1904, at Colorado City; and Dr. Etta C. Jeancon, 1905, at Denver, and all are doing well in their locations.

Dr. N. A. Graves announces to his friends that he will confine his work to office practice and consultations, at 518 West Chicago avenue, Chicago, Ill.

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Good location in Indian Territory for a young, energetic Eclectic. For further particulars address Dr. R. E. Sawyer, Bokchito, Ind. Ter.

On account of the death of Dr. T. A. Wright, E. M. I., '67, there is a good opening for an Eclectic physician. For particulars address, with stamp, Mrs. T. A. Wright, Americus, Kansas.

Dr. J. H. McElhinney, of New London, Ohio, has just moved to Mansfield. He will be glad to correspond with several active young Eclectics who want locations, and he will furnish information on receipt of a stamped envelope.

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## READING NOTICES.

**Acute Nasal Catarrh.**—The conditions obtaining in acute nasal catarrh are essentially those of an inflammation of any mucous membrane. First, an engorgement of the capillaries, then an exudation of serum into the tissues, then a further exudation on the part of the mucous or serous membrane. A remedy to be effective must first empty the mucous membrane, and then prevent a re-engorgement by stimulating the bloodvessels into increased action, and compelling them to resume their normal functions.



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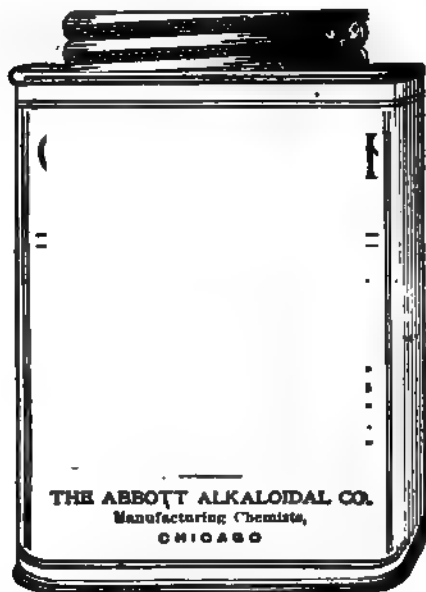
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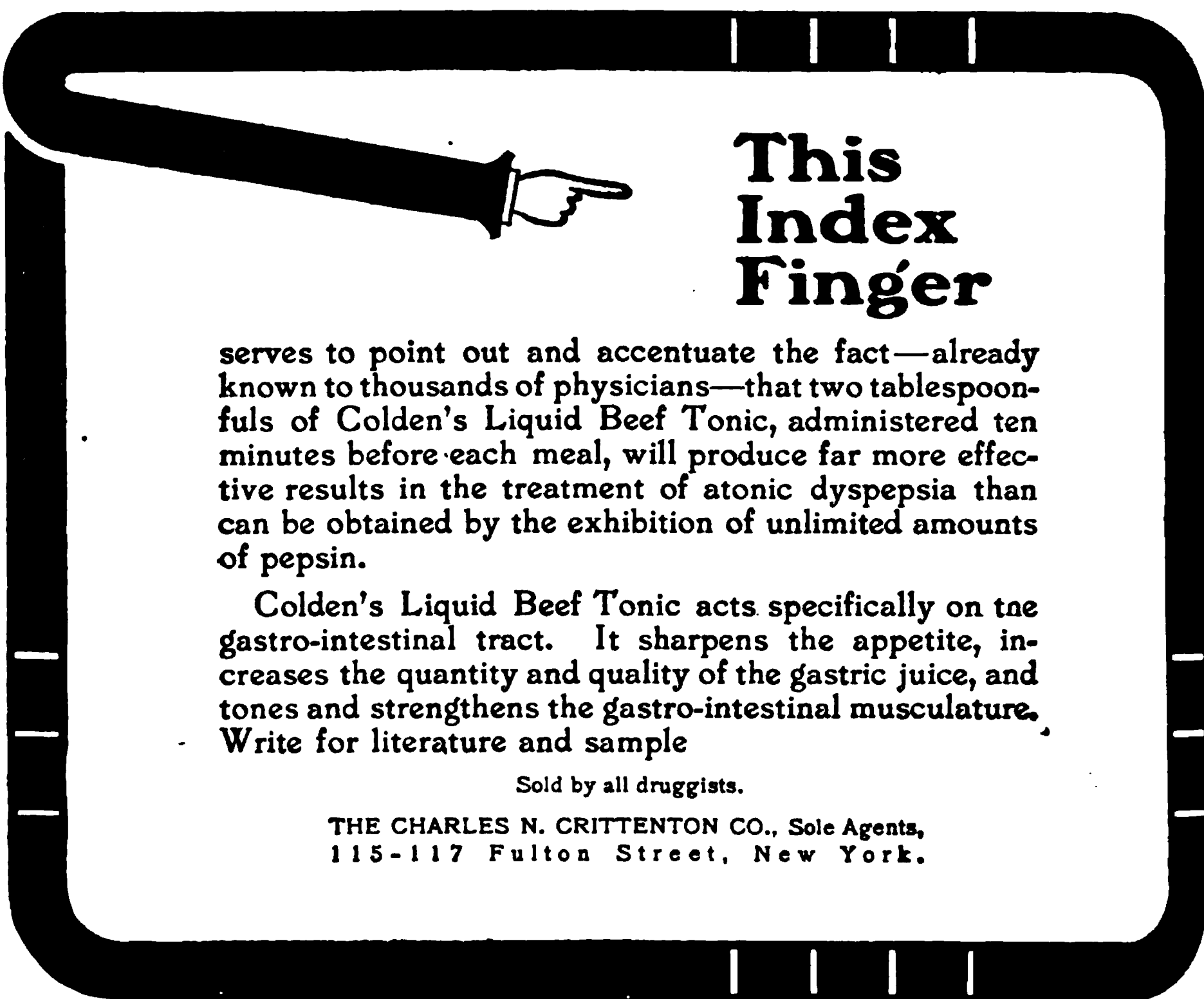
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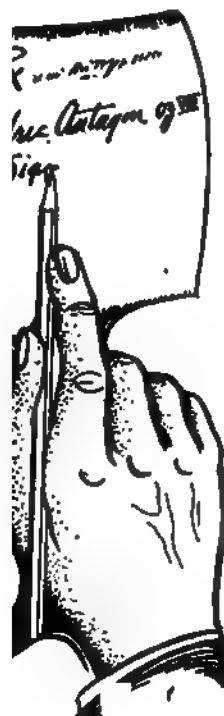
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